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Applying Thomistic Virtue Ethics
to
Patients with Chronic Illness

Eric Howard Kilbreath

**A dissertation submitted to the University of Bristol in accordance
with the requirements of the degree of Doctor of Philosophy in
the Faculty of Arts.**

**Department of Theology and Religious Studies
Centre for Ethics in Medicine
Word Count: 74, 741**

I would like to thank my parents for their patience, the Redemptorist Fathers and Brothers of the Edmonton-Toronto Province for their support, and my supervisors, Prof. Alastair Campbell and Dr. Gavin D'Costa, for their encouragement and advice.

Abstract

The purpose of this dissertation is to understand whether the virtue ethics of St. Thomas Aquinas are relevant to contemporary society and if they can be applied to the instance of people with chronic illness, in the specific case of this dissertation, those with osteoarthritis.

Modern medical ethics has tended to exclude virtue ethics from its discipline. Only recently has virtue ethics been explored as a source of ethical reflection in medical ethics. Virtue ethics in modern medical ethics literature tends to focus on 'role virtues' for health care professionals, leaving the patient population largely ignored. I propose to use Thomistic virtue ethics to help create a patient-centred virtue ethics which allows one to understand how the illness affects the patient's life. I then examine how the patients demonstrate virtuous action in an attempt to minimise negative effects on the basic goods and to promote happiness.

I understand natural law to be the foundation of the virtues. Rather than employing Aquinas's theory of natural law, I use a new natural law theory called the 'basic goods theory'. This theory holds that there are seven basic goods for which people act. By analysing patient narratives taken from a qualitative study on chronic illness and virtue ethics, one can understand how the basic goods are pursued in the lives of those with osteoarthritis. The argument of my thesis is that the patients, in an attempt to gain the basic goods or limit the damage done to them by the osteoarthritis, will employ the virtues. What emerges is a pattern of damage done to certain of the basic goods, with the patients using a general pattern of virtuous activity to counter the damage. The significance of these findings opens a number of doors for further research.

Author's Declaration

I declare that the work of this dissertation was carried out in accordance with the Regulations of the University of Bristol. The work is original except where indicated by special reference in the text and no part of the dissertation has been submitted for any other degree. Any views in the dissertation are those of the author and in no way represent those of the University of Bristol.

The dissertation has not been presented to any other University for examination either in the United Kingdom or overseas.

Signed:

Date:

APPLYING THOMISTIC VIRTUE ETHICS TO PATIENTS WITH CHRONIC ILLNESS

TABLE OF CONTENTS

1 - CHAPTER ONE - THE INTRODUCTION

2 - Overview

4 - Chronic Illness

6 - Medical Ethics in Regard to Chronic Illness

7 - Virtue Ethics in Regard to Medical Ethics

9 - Methodology

10 - The Methodology of the Dissertation

13 - The Methodology of the Qualitative Study

16 - Osteoarthritis

17 - The Outline of the Chapters

20 - CHAPTER TWO - A SURVEY OF CONTEMPORARY VIRTUE ETHICS IN MEDICAL ETHICS LITERATURE

21 - Introduction

25 - Ethics of Care Theory

26 - The Relevance of Ethics of Care Theory to Virtue Ethics

29 - The Limitations of Ethics of Care Theory as an Account of
Virtue Ethics

31 - Pellegrino's Theory: Virtuous health Care Professionals

32 - Pellegrino's Account of Virtue

35 - Problems with the Theory

36 - The Use of Principle-Based Ethics as the Foundation for Virtue
Ethics

38 - Equating Virtues with Principles

39- Circularity of the Argument Linking Virtue Ethics to Principle-
Based Ethics

41 - Approaches Similar to Pellegrino's

42 - General Accounts of Virtue in Medical Ethics Literature

45 - An Alternative View: Patient-Centred Virtue Ethics

47 - Conclusion: Toward a More Comprehensive View of a
Patient-Centred Ethic

52 - CHAPTER THREE - THE INNOVATION OF AQUINAS: THE CHRISTIAN GOD, THE THEOLOGICAL VIRTUES, AND THE TRANSFORMATION OF ARISTOTLE

53	- Introduction
55	- Telos
60	- Thomistic Ethical Theory
65	- Reason
68	- The Passions
72	- Natural Law
77	- Happiness
83	- Dispositions
85	- The Virtues
100	- Aquinas on Illness
101	- Aquinas's Statements on Illness

108 - CHAPTER FOUR - NATURAL LAW AND BASIC GOODS: A GROUNDWORK FOR UNDERSTANDING PEOPLE'S NEEDS AND DECISIONS

109	- Introduction
113	- Natural Law Background
119	- Thomistic Natural Law
121	- Aquinas's Four Types of Law
123	- Primary and Secondary Precepts
128	- Natural Inclinations
130	- The Basic Goods Theory of Grisez-Boyle-Finnis
131	- The First Principle of Practical Reason
133	- 'Practical Principles, Moral Truth, and Ultimate Ends'
135	- The Basic Goods
140	- Modes of Responsibility
141	- The Importance of Religion
145	- Criticisms
146	- The Proportionalist Critique of Grisez-Boyle-Finnis
153	- Criticisms from Thomists
160	- Conclusion

164 - CHAPTER FIVE - APPLYING THOMISTIC VIRTUE ETHICS TO CHRONIC ILLNESS

165	- Introduction
172	- Coping Strategies
177	- The Difference Between Virtues and Coping Strategies
179	- Examining the Results of Pilot Study Using the Basics Goods
189	- The Relevance of the Virtues
217	- Summary of the Findings
224	- Conclusion

226 - CHAPTER SIX - THE CONCLUSION

227 - Introduction

230 - Falsification

232 - Points for Further Reflection

235 - Conclusion

236 - APPENDIX A - Charts Correlating Basic Goods to Virtues

240 - BIBLIOGRAPHY

CHAPTER ONE

THE INTRODUCTION

OVERVIEW

This dissertation is concerned with applying Thomas Aquinas's virtue ethics to patients with chronic illness. What I am trying to establish is whether Thomistic virtue theory, established nearly 800 years ago, is of relevance to the chronically ill in what many call the pluralistic, individualistic and liberal society of western culture. Can applying a virtue theory written in the middle ages aid a chronically ill person in achieving happiness in the context of a modern society? Does the pattern of virtuous activity change in the context of chronic illness? Do some virtues take on heightened significance for the chronically ill while others fade in importance? Is Thomistic virtue theory an appropriate theory to apply to patients with chronic illness?

I would like to examine whether people still act in virtuous ways without explicitly understanding their actions in virtue terminology. In order to do so, an interdisciplinary approach must be taken, one which embraces moral theology, medical ethics, and healthcare research. An analysis of the use of virtue ethics in medical ethics finds what little virtue literature exists is directed toward establishing 'role-virtues' for healthcare professionals, leaving the patients forgotten. While 'role virtues' are necessary, one wonders if the energy spent on virtue ethics is not better directed toward developing a patient-centred ethics. It is the patients who need to integrate their illness into their entire lives, not simply their professional careers. To meet this need, Thomas Aquinas's virtue ethics is utilised because his virtue theory is one of the most well-developed and examines in-depth almost all aspects which go into producing a happy life.

I argue that it is the natural law which serves as the foundation of Aquinas's virtue ethics, and it is the natural law which allows one to understand more fully how illness affects the lives of people with chronic illness. The specific natural law theory I employ is the basic goods theory which holds that there are seven basic goods which people strive to attain in order to achieve human flourishing. The use of these seven basic goods allow one to understand how the lives of people with a chronic illness are affected by the disease. To come to this understanding, I draw from a qualitative, phenomenological analysis of a patient population suffering from osteoarthritis. The narratives of the patients come from a pilot study on virtue ethics and chronic illness funded by the European Community.¹

The themes which arise from the patients' narratives allow one to understand which basic goods are impacted by the disease. Once it is understood that a specific basic good is affected, human life and health for example, one can also understand that certain virtues, such as the allied virtues of temperance such as abstinence and humility, should be present in the patients' lives as they attempt to attain happiness. The results of the pilot study will be analysed to determine if evidence of such virtues were present.

However, to understand more thoroughly what I propose to examine in this dissertation, it is necessary to clarify some of the key terms or concerns. It may come as a surprise, but chronic illness itself is a relatively new concept and needs to be examined more precisely in order to understand what it means. I then examine the current state of medical ethics in regard to chronic illness.

¹ *The Relevance of Virtue Ethics to Patients with Chronic Illness*, Grant Holders: Prof. Alastair V. Campbell (Project Co-ordinator), Centre for Ethics in Medicine, University of Bristol, U.K.; Dr. Emilio Mordini, Psychoanalytic Institute for Social Research, Rome, Italy; Prof. Henk ten Have, Department of Ethics, Philosophy and History of Medicine, Catholic University of Nijmegen, Nijmegen, The Netherlands; Dr. Andrew Edgar, Centre for Applied Studies, University of Wales, Cardiff, U.K.; Dr. Søren Holm, Department of Medical Philosophy and Clinical Theory, University of Copenhagen, Denmark. EC Contract No: BMH4-98-3112.

Virtue ethics itself must be discussed in order to make clear how I employ the term. The methodology of the dissertation and of the qualitative study utilised has to be carefully explained to avoid any conceptual confusion in interpreting the results of the study. Finally, a brief outline describing the content of the chapters and the arguments that I advanced in them is necessary to give an overview of the dissertation.

CHRONIC ILLNESS

The idea of chronic illness becomes established in western medicine between the First and Second World Wars. In 1927, the *Index Medicus*, a database of all medical publications, lists for the first time “Illness, Chronic.” In 1947, the listing changes to “Chronic Illness, see Illness, Chronic.” In 1957, it is given its own heading, “Chronic Illness.”² The term ‘chronic’ does not imply anything about the severity of the disease, but rather refers to a disease of long duration that involves very slow changes to the person.³ Any illness or disease lasting more than three to six months, depending on one’s definition, can be classified as chronic. That chronic illness is recognised with its own heading is attributable to two factors: modern medicine’s ability to combat secondary infections, and improvements in drug and surgical treatments. Until the 1940s, secondary infections such as pneumonia were the most frequent cause of death in chronically ill patients. Advances in drug and surgical treatments improved the life expectancy of these patients.⁴ Previously, there had been no overriding need

² David Armstrong, “Use of the Genealogical Method in Exploration of Chronic Illness: A Research Note”, *Social Science & Medicine*, v.30, 1990, pp.1225-1227.

³ *Oxford Concise Colour Medical Dictionary*, ed. Elizabeth Martin. (Oxford: Oxford University Press, 1994), p.126.

⁴ Uta Gerhardt, “Qualitative Research on Chronic Illness: The Issue and the Story”, *Social Science & Medicine*, v.30, 1990, p.1249.

for a separate category for chronic illness because of the death rate of patients with chronic illness.

Chronic illness differs from illnesses that are treated and cured. For a patient with a sinus infection, the definition of health refers to the state of the person before the infection. The person can return to his/her usual level of functioning and suffer no long term debilitating effect. However, for a person with chronic illness, health has a new definition. It is not a return to a situation prior to illness. Now, the person must focus on coping with an illness, re-evaluating personal development and goals and creating a new lifestyle.⁵ The person is “continually appraising his or her symptoms, pains, disease progression with respect to their significance for well-being and survival, and coping accordingly.”⁶ After receiving a diagnosis of a chronic illness, the course of life planned by a patient may often drastically change. The change can be so deep that the patient and family often take months to assimilate the scope of it. The vast amount of changes to be faced make the patient often appear pre-occupied with the wrong problems, unresponsive, or unable to understand the scope of the treatments required. Disequilibrium occurs after diagnosing.⁷ The psychological reaction to chronic illness is a transitional process – from initial shock and denial to gradually assimilating information and adjusting to the new disease. There are adjustment disorders, anxiety disorders, depressive states, and in one-third of males, sexual dysfunction.⁸ The crisis period passes and the patient begins to develop a sense of how to live his/her life and how to integrate the chronic illness into it. The long-

⁵ Helmut Milz, “Healthy Ill People: Social Cynicism or New Perspectives?”, *Health Promotion and Chronic Illness*, ed. Annette Kaplun, (Copenhagen: World Health Organization, 1992), p.32.

⁶ Robert Lazarus, “Coping with the Stress of Illness”, *Health Promotion and Chronic Illness*, ed. Annette Kaplun, (Copenhagen: World Health Organization, 1992), p.11.

⁷ Shelley Taylor, *Health Psychology*, (London: McGraw-Hill, 1991), p.370.

⁸ Elspeth Guthrie, “Emotional Disorder in Chronic Illness: Psychotherapeutic Interventions”, *British Journal of Psychiatry*, v.168, 1996, pp.265-273.

term difficulties requiring long-term attention become apparent. These difficulties fall into the categories of physical rehabilitation, vocational rehabilitation, social rehabilitation, and psychological issues.⁹

How the patient perceives the illness is key in determining the patient's response to it. There appear to be eight basic illness concepts in patient illness: where the person attaches a personal meaning to it; as enemy; as punishment; as weakness; as relief; as strategy; as irreparable loss or harm; and as value.¹⁰ Illness perceived as challenge, value and internal control are related to mental well-being and adaptive control. Illnesses perceived as enemy, punishment, relief, or strategy are associated with psychological symptoms and maladaptive coping. Current theory holds that it is not the particular condition itself that determines psychological distress in patients but the severity of the disability and their subjective perceptions that are associated with the condition, in addition to the psychological characteristics of the patient.¹¹

MEDICAL ETHICS IN REGARD TO CHRONIC ILLNESS

The corpus concerning the sociological and psychological impact of chronic illness is vast, because at any given moment, fifty per-cent of the population will suffer from chronic illness. The fifty per-cent who do not have a chronic illness can expect to be diagnosed with at least one before their death. Given the widespread occurrence of chronic illness, one would expect modern medical ethicists to have spent considerable amounts of time and energy addressing any ethical concerns. Yet this is not the case.

⁹ Taylor, *Health Psychology*, pp.368-369.

¹⁰ Gerhard Schussler, "Coping Strategies and Individual Meanings of Illness", *Social Science & Medicine*, v.34, 1992, pp.427-430.

¹¹ J. Ormel, "Chronic Medical Conditions and Mental Health in Older People: Disability and

Modern medical ethics is mainly concerned with issues surrounding the beginning and end of life. Patients who are in no imminent danger of death have a low status when it comes to ethical consideration of medical issues. At best, patients with a chronic illness could expect to find some ethical discussion concerning the allocation of scarce medical resources if their particular disease warranted discussion, such as renal dialysis or waiting lists for cardiac surgery. However, ethical reflection extending to the general category of chronic illness is sparse.

Modern medical ethics tends to gravitate toward problem-solving, so it is not surprising that it leaves alone the patient with chronic illness who has no immediately obvious ethical problem. The patient is left to get on with the job of living with the illness. Given the pluralistic nature of contemporary western society, it could be perceived as condescending to tell a person how to live a good life with a chronic illness; therefore, easily identifiable problems that focus upon any infringement of an individual's rights to live out his/her perception of a good life constitute the bulk of modern medical ethics.¹²

VIRTUE ETHICS IN REGARD TO MEDICAL ETHICS

This orientation away from aiding the individual to live a good life would appear odd to most moral philosophers from the time of Aristotle to the Enlightenment.¹³ Virtue ethics had been an established major ethical theory for this time period whose specific goal was attaining happiness for the moral agent. It is a teleological theory aimed toward aiding the individual achieve happiness or human

Psychological Resources Mediate Specific Mental Health Effects", *Psychological Medicine*, v.27, 1997, p.1065.

¹² The 'Introduction' section of chapter two, pp.21-24, discusses the relationship between modern medical ethics and virtue ethics.

¹³ Alastair MacIntyre, *A Short History of Ethics*, (London: Routledge, 1995), p.84.

flourishing. It does this through promoting virtues, or modes of ethical action which allow the human person to more fully realise his/her human nature. As a teleological scheme, virtue ethics acknowledges that “there is a fundamental contrast between man-as-he-happens-to-be and man-as-he-could-be-if-he-realised-his-essential-nature.”¹⁴ The task of virtues is to enable the person to go from the first stage to the second stage and to fulfil his/her true nature and achieve final fulfilment.

The virtue theory of Aquinas holds with this claim; however, with a difference. His belief that humans are created in the image of God and that their final, complete fulfilment will rest in the *beatific vision* causes Aquinas to stress *beatitudo* rather than *eudaemonia*. (1a2ae.qq.1-4) Earthly existence possesses happiness, but only imperfect happiness. This is a difference between *beatitudo* and *eudaemonia*. Aquinas understands the complete fulfilment of humans to occur with the *beatific vision*, and understands humans in relation to this. *Eudaemonia* does not take any afterlife into consideration and deals with earthly life. This did not prevent Aquinas from creating a complete list of intellectual and moral virtues to aid humans achieve as much as possible this earthly fulfilment. It is this earthly fulfilment with which I am concerned. I think more than any other virtue theory, Aquinas’s virtue ethics develops virtues which are applicable to the widest range of human actions and offer the most guidance for humans in their attempts to achieve happiness.¹⁵

Thomistic virtue ethics, along with virtue theory as a whole, has been experiencing something of a renaissance lately. For decades, virtue ethics had lain dormant. Beginning with the Enlightenment, virtue ethics started a gradual decline as the language of individualism, rights, and principles became entrenched in ethical

¹⁴ Alasdair MacIntyre, *After Virtue: A Study in Moral Theory*, 2nd ed., (London: Duckworth, 1985), p.52.

¹⁵ The relationship between Aristotle and Aquinas will be discussed in chapter three, pp.52-54.

discourse. It was further marginalised through the increasingly pluralistic nature of western society. Only recently have philosophers and theologians returned to it as a source of ethical reflection.

These two neglected areas turn out to be compatible. Virtue ethics, with its explicit commitment towards aiding the individual achieve happiness, proves able to make a contribution to the field of medical ethics in regard to chronic illness. Most patients with chronic illness will still live in the every-day society and not reside in a hospital or institution. Their illness is not an exemption from the stresses of everyday life. The opposite is most often the case: the daily stresses are often aggravated. Their need to function in their role of spouse, parent, or employee while suffering from a chronic illness can complicate matters drastically. Virtue ethics can offer them some guidance in how to act in order to achieve satisfaction in their lives. The purpose of virtue ethics is to reflect on human nature and determine which patterns of acting promote human flourishing. Chronic illness may affect parts of the patients' lives and thereby limit their ability to flourish. Virtues accommodate the damage done to their lives and so may present an opportunity to allow them to flourish more fully.

METHODOLOGY

There are two methodologies present in the dissertation. First, the methodology of the argument I attempt to advance in the dissertation. Second, the methodology of the qualitative healthcare study which I employ to support my thesis.

The Methodology of the Dissertation

I hope to be able to move from the theoretical account of Thomistic virtue theory to implementing it in the practical setting of patients with osteoarthritis. There are several stages in doing this: investigating the use of virtue ethics in modern medical ethics to understand how it is utilised; examining Thomistic virtue theory; developing natural law so as to understand it as the basis for the virtues and providing a context for understanding how osteoarthritis impacts a person's life; interpreting the results of the pilot study on patients with osteoarthritis through the basic goods theory; examining the presence of the virtues in the lives of the patients interviewed in the pilot study; and examining the relationship between how the basic goods were affected and the choice of virtues as important for the patients in their attempts to achieve happiness.

To investigate the use of virtue ethics in modern medical ethics, I will carry out a literature search going back for the past two decades, when virtue ethics started being re-examined in ethical theory. Modern medical ethics starts to evolve as known currently in the 1960s, and from this time until the 1980s, there are very few accounts of virtue ethics in the field, and few more even after 1980. The literature will be critically examined in order to understand how medical ethicists employ this definition virtue and how they employ it in relation to medical ethics.

After understanding the use of virtue ethics in modern medical ethics, I suggest that there is conceptual confusion as to what virtue ethics is and that how medical ethicists attempt to integrate it into the modern principle-based account of medical ethics is flawed. A more comprehensive virtue theory is needed, and I will argue that Thomistic virtue theory can overcome the flaws inherent in the field. My account of Aquinas's virtue theory is based on a close reading of the translated text of the *Summa Theologiae*, his final and most mature account of virtue ethics.

Throughout the dissertation, when I make claims that certain virtues are present in the lives of the patients, I will try to clarify this assertion with quotes from his writings.

To understand more completely how the virtues operate in people's lives, I argue that Aquinas believed that the foundation of the virtues was the natural law. There is not much written on the natural law in the *Summa* and to understand more fully his thoughts on it, I examine the secondary debates in Thomistic studies. A clear, developed doctrine on natural law is needed in order to apply it to the concrete circumstances of people's lives. An examination of Aquinas's writings and the secondary literature concludes that considerable division exists within the Thomist community concerning natural law. I then propose the basic goods theory, a theory heavily indebted to Aquinas's thoughts, as an alternative to Aquinas's position, which offers a thorough, specific account of natural law. I acknowledge this theory raises controversy in the field of moral theology and I examine it critically, making use of literature critical of the theory in order to understand the limitations of the theory.

It is one of the aims of the dissertation to determine if the basic goods can make sense of how osteoarthritis affects the lives of the patients. The patients' narratives are analysed in order to see which basic goods are affected by the presence of osteoarthritis. The five major themes which arise from the narratives can be explored to understand how they relate to the basic goods.¹⁶ An example is that the patients' concern over how the illness impacts their health is easy to link up

¹⁶ The seven basic goods are human life including health, knowledge and appreciation of beauty and goods, playful activities and skilful work, self-integration or inner peace, peace of conscience and consistency between one's thoughts and deeds, peace with neighbours and society, and peace with God or some-more-than-human source. See Germain Grisez, Joseph Boyle and John Finnis, "Practical Principles, Moral Truth, and Ultimate Ends", *American Journal of Jurisprudence*, v.32, 1987, pp.107-108.

to the basic good of human life and health. However, not all concerns are as obviously linked to a basic good as this one and there is no scientific way to do so. No common denominator exists to give an exact correlation between a theme expressed and its necessary link to a basic good. When the patients mention that they must strive to keep a measure of self-worth because it is undermined by the attitudes of others, does this go under the basic good of inner peace or peace among neighbours and society? It has a bearing on both. I try partially to resolve this ambiguity by not being restricted to a one-to-one correspondence, in which self-worth can only be applied to one basic good. Self-worth is applied to both basic goods because it appears relevant to both basic goods. Still, it should be noted that while empirical studies bring realism into ethical analysis, one result is some conceptual confusion.¹⁷ In order to try to prove that the patients exhibit certain concerns for basic goods or show signs of the virtues, I frequently quote from the interview transcripts and from Aquinas to show some correlation.

Based on the understanding that the basic goods theory can offer on the impact of osteoarthritis on the patients' lives, the virtues are then examined to understand their relevance to the patients in their attempts to achieve happiness, given the circumstance of their chronic illness. What promotes the natural law is a virtue, what attacks the natural law is a vice. Therefore, in the patients' attempts to achieve the basic goods, there should be signs of the virtues being employed. The basic idea behind my argument, and the link between basic goods and the virtues, is that when osteoarthritis adversely affects a basic good, the person then seeks to repair the damage done to that good, and to do so, employs the virtues. This raises the concern of how to recognise the virtues. Our society does not employ virtue

¹⁷ Søren Holm, *Ethical Problems in Clinical Practice*, (Manchester: Manchester University Press, 1997), pp.23-24.

language so how can one be certain that the patients are in fact talking about virtues. The patients do not name virtues in their narratives. Yet, it is doubtful whether a contemporary virtue ethicist would use them in describing his/her life either. It is simply not common in our society to think in terms of the virtues. Our contemporary ethical consciousness does not operate in such terms. To counter this, I have stated above that I will try to quote from Aquinas in order to show the link between virtue theory and the virtues in the lives of the patients, using quotes from their interviews. Part of what I hope to discover is whether the virtues are parts of human nature which operate regardless of whether one specifically thinks in virtue terminology.

The Methodology of the Qualitative Study

The qualitative study which I use in the dissertation comes from an ongoing three-year study, “The Relevance of Virtue Ethics to Patients with Chronic Illness”, funded by the European Commission, begun in 1998, on applying virtue ethics to patients with chronic illness. In this study, four groups of chronically ill patients are being studied. The illnesses being examined are endometriosis, end-stage renal disease, depression, and rheumatoid arthritis. A pilot study, “Living Well Through Chronic Illness: An Exploratory Study of the Relevance of Virtue Ethics to Patients with Osteoarthritis”, was carried out on five females between 63-89 years of age who had been diagnosed as suffering from osteoarthritis for a minimum of eighteen months. It is the completed pilot study on osteoarthritis will be used in this dissertation because the interviews with patients with the other chronic illnesses are still incomplete and no results are as yet available.

The interviews were conducted by a healthcare researcher using a qualitative, phenomenological model. Each interview lasted between one to two

hours and was taped and then transcribed. The interviews were modelled on the 'in-depth' model of qualitative research, which usually only covers one or two subjects and is loosely structured in order to allow the interviewee to pursue what she perceives as meaningful issues.¹⁸ In order to identify recurring themes in the patient's narratives, the transcripts were subjected to Interpretative Phenomenological Analysis (IPA). IPA attempts to understand the content and complexity of the interviewee's beliefs. It emphasises investigating the meaning the interviewee places on the phenomenon being discussed over a mere listing of the how many times themes are mentioned in a discussion.¹⁹ Each transcript was examined and significant words, phrases and explanations were noted and then given a code which captured the essential meaning of its content. The recurring occurrences of codes across interviews revealed themes and patterns between themes. The themes were witness to shared understandings between participants, such as gratitude, having realistic perceptions about chronic illness, and insight into that which maintains one's quality of life.

Qualitative methods have been used for a long time in the social sciences and are the principal methods used by anthropologists in studying the behaviours and customs of cultures. They are also employed in sociology, semiotics, psychology, history, and education. Qualitative studies question social phenomena and study people in their natural settings rather than an artificial one, and include a number of different methods. They examine people's subjective understandings of

¹⁸ Nicky Britten, "Qualitative Interviews in Health Care Research", *Qualitative Research in Health Care*, 2nd ed., eds. Catherine Pope, Nicholas Mays, (London: BMJ Books, 2000), pp.11-12.

¹⁹ Jonathan Smith, Maria Jarman, Mike Osborn, "Doing Interpretive Phenomenological Analysis", *Qualitative Health Psychology*, eds. Michael Murray, Kerry Chamberlain. (London: Sage Publications, 1999), pp.218-219.

their own lives, either through direct observation, interview, analysis of texts, recorded speech and video tapes, or a combination of these approaches.²⁰

However, support for qualitative research methods is not universal. It is criticised for being unscientific, subjective and therefore biased, and the research is difficult to duplicate, amounting to nothing more than anecdote, personal impressions and conjecture.²¹ As one commentator put it:

Personal accounts of illness are often viewed with considerable ambivalence as a research source. On the one hand they provide a density of texture, a depth of personal meaning, and an insight into the experience of illness not readily available through other means ... On the other hand these very qualities seem to make any systematic, valid and reliable attempts to create generalisable propositions difficult, if not impossible.”²²

Yet, qualitative studies are now an important and recognised part of healthcare research. The narratives that the interviewees offer are edited versions of reality which are neither objective nor impartial. Rather, the interviewee constructs a narrative that reveals what is important to him/her and speaks for his/her reality.²³ This allows one to understand how the illness impacts on the interviewee's lifestyle, values and goals.

²⁰ Catherine Pope, Nicholas Mays, “Qualitative Methods in Health Research”, *Qualitative Research in Health Care*, eds. Catherine Pope, Nicholas Mays, (London: BMJ Books, 1999), pp.1-7.

²¹ Ibid, p.1.

²² Ian Robinson, “Personal Narratives, Social Careers and Medical Courses: Analysing Life Trajectories in Autobiographies of People with Multiple Sclerosis”, *Social Science & Medicine*, v.30, 1990, p.1173.

²³ Catherine Riessman, “Strategic Uses of Narrative in the Presentation of Self and Illness: A Research Note”, *Social Science & Medicine*, v.30, 1990, p.1197.

Osteoarthritis

As was mentioned earlier, this dissertation will use the results from the pilot study for the EC project, done through interviews with patients suffering from osteoarthritis²⁴. Osteoarthritis is defined as:

a disease of joint cartilage, associated with secondary changes in the underlying bone, which may ultimately cause pain and impair the function of the affected joint (most often the hip, knee, and thumb joints). The condition may result from trauma and is most often common in those past middle life; it may also complicate many of the other diseases involving joints, such as rheumatoid arthritis ... Osteoarthritis is recognized on X-ray by narrowing of the joint space (due to loss of cartilage) and the presence of osteophytes and irregularity at the bone margins. Treatment consists of aspirin and other analgesics, reduction of pressure across the joint (by weight loss and the use of a walking stick in osteoarthritis of the hip), and corrective and prosthetic surgery.²⁵

Patients with arthritis differ greatly in their efficacy in controlling pain and other symptoms of arthritis. Self-efficacy, the belief that “one has the ability to engage in a course of action sufficient to attain a desired outcome”, plays a large role in management of the disease.²⁶ People with self-efficacy beliefs tend to have a lower level of pain, lower psychological distress and less functional impairment and report having a better over-all health status. There is evidence that patient education and training in coping skills can produce enhancement in self-efficacy and that patients with active cognitive coping strategies have a higher level of self-efficacy than those who are passive in nature.²⁷

²⁴ Teresa Swift, *Living Well Through Chronic Illness: An Exploratory Study of the Relevance of Virtue Ethics to Patients with Osteoarthritis*, Bristol: unpublished, 2000. Contact Centre in Ethics for Medicine for copy.

²⁵ *Oxford Concise Medical Dictionary*, p. 470.

²⁶ F.J. Keefe, et al, “Pain Coping Strategies that Predict Patients’ and Spouses’ Rating of Patients’ Self-Efficacy”, *Pain*, v.73, 1997, pp.191-192.

²⁷ *Ibid*, p.192.

THE OUTLINE OF THE CHAPTERS

The dissertation begins by asking whether a need exists to pursue further work in the area of virtue ethics in modern medical ethics. After having decided that such a need exists, the middle part of the dissertation is concerned with putting the elements of virtue theory in place in order to apply it to patients with chronic illness. The final main chapter examines the results of this application.

The second chapter explores virtue ethics as part of modern medical ethics. The results of this chapter suggest that present approaches to virtue ethics role in medical ethics either aim at integrating virtue ethics into a profession-centred principle-based ethics or attempt to integrate the virtues into an Ethics of Care theory which cannot work in clinical practice. A comprehensive virtue theory is needed which can be applied to the patient who resides at the centre of medicine. This is why Aquinas is studied in chapter three.

The third chapter is an explication of Aquinas's virtue ethics. To understand the theory, Aquinas's writings on several topics are first discussed: telos, ethical theory, natural law, happiness, reason, passion, and habit. I have tried to remain as close to Aquinas's translated text as possible and let his writings speak for themselves. The chapter is mainly descriptive. There are two areas worth mentioning in this introduction. The first concerns the foundation of the virtues. I have chosen to argue that the basis for Aquinas's virtue ethics is the natural law, rather than natural law as a ethics of the becoming of a human person, as argued by scholars such as Eleonore Stump and Norman Kretzmann.²⁸ There needs to be a sound basis for determining what constitutes a virtue because this becomes important later on in the analysis of the pilot study. The second area deals with

²⁸ See Eleonore Stump and Norman Kretzmann, "Being and Goodness", *The Concept of the Good in Metaphysics and Philosophical Theology*, ed. Scott MacDonald, (Ithaca: Cornell University Press, 1991), pp. 179-207.

Aquinas's thoughts on the effects of illness on one's happiness. I searched the *Summa* in order to understand if Aquinas had addressed the question of illness. Aquinas does not fully develop any theory on this subject matter; however I think that his thoughts on the topic can be gleaned from what he did write : when pain becomes too great, it so disorganises any ability for a person to rationally pursue his/her life that it robs that person of the ability to achieve happiness.

The natural law is used in the dissertation as a means of analysing what areas of life are damaged by chronic illness. The fourth chapter begins by examining Aquinas's statements on natural law. Aquinas's remarks on the natural law are brief and largely limited to the primary precepts. The result is some lack of clarity and confusion in an attempt to apply natural law to the particulars of everyday life. I choose instead to utilise the basic goods theory of Germain Grisez, Joseph Boyle and John Finnis in an effort to understand what goods are involved in human flourishing. This theory allows one to perceive which specific goods are impacted by chronic illness and how the patients react to these losses.

The fifth chapter applies Aquinas's virtue ethics, based on natural law, to patients with osteoarthritis. The patients in the pilot study were interviewed with the aim of understanding how the virtues are of relevance to their life with osteoarthritis and the interviews analysed by a healthcare researcher. I use the transcripts from the interviews and the five themes that emerge from the analysis, determine which basic goods appear to be affected and then examine how the patients act virtuously to assist them in attaining these goods.

The conclusion discusses possible areas of future study and reflects on the difficulties and advantages of applying ethical theory to clinical data. While I believe that there is good reason to see this line of study as worthy of further pursuit, any

claims made in this new area must be limited because of the lack of corroborating studies. The theory of falsification is addressed in order to understand the merits of the hypothesis. People employ falsification in order to examine if a hypothesis is falsifiable, which is considered a necessary condition for the advancement of knowledge. In the final part of the conclusion, I ask what should be done with this study in terms of implementing it, and I suggest that this task involves collaboration with the fields of education, psychology, and pastoral theology which have expertise in aiding people develop new ways of thinking and adjusting lifestyles.

CHAPTER TWO

A SURVEY OF CONTEMPORARY VIRTUE THEORY IN MEDICAL ETHICS LITERATURE

INTRODUCTION

In this thesis I am proposing to establish the relevance of virtue ethics for people dealing with long term illness or disability. Unfortunately, there are few writings relating the two. The two dominant approaches found in literature are (a) Ethics of Care theory and (b) the promotion virtuous healthcare professionals as epitomised by the writings of Edmund Pellegrino. Ethics of Care theory stresses a deep personal involvement with and commitment to the patient. The virtuous healthcare professional approach advances a profession-centred virtue ethics. These two approaches represent the only systematic attempts to link virtue ethics to medical ethics. In addition to these, there is a miscellany of articles, largely explaining the difficulties of integrating virtue ethics into a modern medical ethics. As we shall see, none of these approaches establishes a convincing or coherent justification for integrating virtue ethics into medical ethics.

This negative picture of the place of virtue ethics in medical ethics is surprising when we consider that from the time of Hippocrates until the 1960s, the traditional medical ethics model had been virtue ethics which focussed on the type of virtuous physician promoted by Pellegrino. However, the reasons for this become obvious when we consider recent developments in the subject. The 1960's saw a change from this traditional model of medical ethics to a new species named 'Bioethics'. Incorporating aspects of the old medical ethics, which was primarily concerned with the conduct and deportment of the physician, Bioethics was a reaction to a growing concern over the ambiguity of medical progress. After World War Two, medicine and its available interventions become more technical. At first, the advances were considered to be unequivocally good. Infants with diseases who

would have died shortly after birth now survived into adulthood, people were surviving diseases that would have taken their lives ten or even five years ago, life expectancy rose. However, questions started arising over the perceived ambiguity in the medical advances.¹ Geneticists worried that the gene pool was becoming polluted with the genes of those who survived previous fatal diseases now having children and handing down the disease to future generations. Patients living long periods in a persistent vegetative state or in intractable pain caused some to ask what the traditional concepts of harm, benefit, life and death meant. There was a growing need for the concerns brought about by these advances in medicine to be addressed in some organised format.

By the beginning of the 1960's this need was being met in the form of conferences. The harms, inconveniences and disadvantages of medical interventions were examined in a critical manner. Theologians and philosophers, who had long examined the topics of life, death and justice, began to be invited to these conferences. Previously, the speakers had been scientists and medical professionals. The theologians and philosophers pressed for clearer definitions and offered structured approaches to topics and refined arguments. These conferences set the stage for Bioethics as the conferences in turn produced centres for the study of Bioethics.² These centres realised that a multi-disciplinary approach which could analyse several sides of a topic was needed. In the early 1970s, scholarly analysis, using an interdisciplinary approach, began exploring problems in a systematic manner. Virtue ethics was removed from its central role in modern medical ethics. Code-based ethics, stressing the character of physician, in whom any ethical decision-making powers laid, was no longer considered suitable for the second half

¹ Albert Jonsen, *The Birth of Bioethics*, (Oxford: Oxford University Press, 1998), p.11.

² Ibid, p.19.

of the twentieth century. Principle-based ethics, drawing on the insights of many disciplines and framed in philosophical language, seemed more appropriate than an ethics that placed too much trust in the physician's judgement concerning the patient's best interests. However, within two decades, there was a reaction against the exclusion of virtue ethics from modern medical ethics. Proponents of Ethics of Care theory, which arose from the nursing discipline, objected to the impersonal nature of the principle-based approach which stressed abstract principles over personal relationships in determining ethical criteria. Virtue ethicists formed in the Aristotelian-Thomistic school, such as Edmund Pellegrino and David Thomasma, were concerned that in the move to embrace principle-based ethics over virtue ethics much of the value of virtue ethics was being unnecessarily dispensed with, and they argued that there was a place for role-virtues in the medical profession and medical ethics.

Prior to the early 1980s, there is no evidence of any systematic attempt to integrate virtue theory into modern medical ethics. Principle-based ethics was becoming well ensconced as the dominant ethical theory to be applied to medical ethical problems. However, principle-based theory was only a newly crowned king, having in the 1970s deposed virtue ethics, the ruler in medical ethics for centuries. When the fall of virtue-based ethics came, it took only twenty-five years, a short time compared to the five or six centuries it took virtue ethics to be rooted out of general ethical theory.³ In the mid-1980s, virtue ethics was being called to return from exile for negotiations to see how it could fit into the emerging 'government' of medical ethics. It was not to be a return to a position of ruling; principle-based theory was now fully in charge. Rather, it was to assume a role more like that of a

³ Edmund Pellegrino, "Toward a Virtue-Based Normative Ethics for the Health Professions", *Kennedy Institute of Ethics Journal*, v.5, 1995, p.264.

government minister, responsible for one area of medical ethical theory: producing virtuous healthcare professionals. Medical ethics was realising that a principle-based, deontological theory had its limits. While principle-based ethics worked well with the 'stranger' medicine being practised in a western, pluralistic society, it was thought to be too abstract and removed from the context and complexity of clinical decision making. It was too rationalistic and legalistic. The appreciation of moral agents was left out. It was recognised that the manner in which principles, rules, caring or any type of ethical theory was carried out depended on the types of agents and their analysis. Principle-based theory was to remain the king, but virtue ethics was asked to assist in developing healthcare professionals capable of making good ethical decisions.

There appear to be at least two reasons why virtue ethics was again a topic of debate in medical ethics. Virtue ethicists rallied around the banner raised by Alasdair MacIntyre's influential *After Virtue*, released in 1981. His book promoted a renaissance in virtue theory in general, and is referred to in nearly every article and book published in virtue-based medical ethics. The dissatisfaction with post-Enlightenment philosophy, with its emphasis on deontology, rules and principles, found powerful expression. At the same time, principle-based medical ethics had been around long enough for its weaknesses to appear and be criticised.⁴ Virtue ethics was examined anew to see how it could regain status in medical ethics. We shall look first at two approaches which claimed the high ground, Ethics of Care theory and Pellegrino's account of the virtuous physician. Both will be found to be

⁴ See Stephen Toulmin, "The Tyranny of Principles", *Hastings Center Report*, v.11, 1981, pp.31-39, and Danner Clouse, Bernard Gert, "A Critique of Principlism", *Journal of Medical Ethics*, v.15, 1990, pp.217-233, and Ronald Green, "Method in Bioethics: A Troubled Assessment", *The Journal of Medicine and Philosophy*, v.15, 1990, pp.179-197.

inadequate. Then, after surveying more general criticisms, the conclusion to the chapter will propose a patient-centred virtue ethics.

ETHICS OF CARE THEORY

Arising from feminist writers who argue that women tend to display an ethic of care whereas men display an ethic of obligation and rights, advocates of Ethics of Care are concerned with promoting a relationship in which one cares for, has an emotional commitment to, and is willing to act on behalf of a person with whom one has an intimate relationship. It emphasises such traits as compassion, sympathy, fidelity and love while downplaying Kantian universal rules, individual rights and impartial utilitarian calculations.⁵ Advanced is the belief that intuition and relationships should play as large a role in our life as does reason and our search for a universalisable ethics.⁶ One group in medicine that has embraced this approach is nursing. Research has shown that when faced with ethical dilemmas, nurses tend to fall back on instincts gained through years of clinical practice. Experienced nurses were able to identify ethical concerns but felt frustrated at the lack of theoretical background or confidence to participate in informed debate.⁷ It was realised that part of this resulted from the different roles nurses and physicians have. Nurses tend to be more caught up in the day-to-day problems of the patient whereas physicians tend to see the patient only in brief meetings at infrequent intervals.

⁵ Tom Beauchamp, James Childress, *Principles of Biomedical Ethics*, 4th ed., (Oxford: Oxford University Press, 1994), pp.85-86.

⁶ Alastair V. Campbell, “‘The Ethics of Care’ as Virtue Ethics”, *Advances in Bioethics*, v.4, 1998, p.297.

⁷ Beatrice Sofaer, “Enhancing Humanistic Skills: An Experiential Approach to Learning about Ethical Issues in Health Care”, *Journal of Medical Ethics*, v.21, 1995, p.31.

The current approaches to medical ethics, being in the main either deontological or consequentialist, are, according to this view, unable to accommodate the relational basis of the healing relationship. Being based in rules and principles, these theories fail to recognise the social context of ethics. Care theory states that morality is not simply concerned with justifying acts but also with the development of the person. Any foundation acceptable to an Ethics of Care must be able to accommodate the relational basis of the clinical encounter and to recognise the contextual nature of ethical decisions that concern the development of the moral agent.⁸ Traditional ethics has tended to separate the agent from the act and concentrate only on the act itself. The result, an Ethics of Care theory claims, is an impersonal ethics concerned with abstract rules, leaving the needs and cares of the patient out of the question.

The Relevance of Ethics of Care Theory to Virtue Ethics

Advocates of Ethics of Care promote it as a part of virtue theory by making three points: both care and virtue stress character and relationships rather than maintaining distance and objectivity which are concerns of modern medicine⁹; *phronesis* or practical wisdom stresses having an understanding of the patient's needs in order to make a prudent therapeutic decision¹⁰; and the recognition of the role of emotion places care within the virtue tradition, knowledge which can only be obtained through having a caring relationship with the patient.¹¹

⁸ Pamela Salsberry, "Care, Virtue Theory, and a Foundation for Nursing Ethics", *Scholarly Inquiry for Nursing Practice: An International Journal*, v.6, 1992, p.157.

⁹ Patricia Benner, "A Dialogue Between Virtue Ethics and Care Ethics", *Theoretical Medicine*, v.18, 1997, p.58.

¹⁰ Dawson Schultz, Franco Carnevale, "Engagement and Suffering in Responsible Caregiving: On Overcoming Maleficence in Healthcare", *Theoretical Medicine*, v.17, 1996, pp.194-195.

¹¹ Rosemarie Tong, "The Ethics of Care: A Feminist Virtue Ethics of Care for Healthcare Practitioners", *Journal of Medicine and Philosophy*, v.23, 1998, p.137.

1) *Care and virtue stress character and relationship rather than distance and objectivity.*

One point common to the advocates of this view is that care as virtue ethics helps overcome some of the bad traits of modern medicine. Ethics of Care stresses emotion whereas modern medicine perceives emotion as something of a minefield that interferes with good diagnosis and treatment. D. Schultz and F. Carnevale cite Veatch's observation that a paradigm shift has occurred from modern medicine to post-modern medicine.¹² Modern medicine is essentially factual in nature. The role of the professional is that of an expert on facts, scientific method and medical values. These values involve professional evaluation including quantifiability, predictability, and efficiency. Medicine has become an overly rationalistic enterprise in which caregiving is seen as a technical process whose main concern is with efficiency. Care has been disengaged as the basis of medicine, to be replaced with technical production:

The structure of caregiving has been changed from the kind of activity that exemplifies what Aristotle understood as practical wisdom or *phronesis* - a process in which the agent exercises deliberation on and interpretation of all the morally relevant particulars of the situation to determine the goals or directions, as well as the means, of action - into the kind that exemplifies what he understood as 'applied science' or 'techne'¹³

Patricia Benner writes a similar passage. "Objectification and distancing are useful for coping with the terrors of inflicting pain and facing the risk of death, but they are only useful for circumscribed periods and always run the risk of usurping human conditions."¹⁴ Proponents of the Ethics of Care worry that practitioners of modern medicine isolate the patient and fear any meaningful contact with the person who is ill, preferring instead to maintain distance from the patient in order to preserve what they consider to be "objectivity".

¹² Schultz, Carnevale, "Engagement and Suffering", p.191.

¹³ Ibid, p.193.

¹⁴ Benner, "A Dialogue Between Virtue Ethics and Care Ethics", p.58.

2) *Practical Wisdom allows an Understanding of the Patient's Needs.*

Care theory has a perception of responsibility in medicine that is structured around a sympathetic understanding of the patient's suffering. While holding that there is a place for distance and objectivity, it requires professionals to aid patients in the manner that most fits the patient's circumstances. Schultz and Carnevale state that the virtue of *phronesis* or practical wisdom:

involves incorporating knowledge of the patient as person into the best ethical and clinical decision to be made in continuing the dialogue with the person as patient. It necessitates a certain level of involvement with the patient, what we call engaged-sympathetic care.¹⁵

This process is characterised by narrative and dialogue. Clinical decisions cannot be made in advance of or apart from the caregiver's full participation in the patient's circumstances.

3) *Recognition of the role of emotion.*

Rosemarie Tong continues the line of thought of care being related to virtue ethics through recognition of the place of emotions in medical experience. Rights-based language operates on the assumption of human separateness rather than on connections. Care operates on different assumptions. It states that there is more to morality than reason alone. Morality is also about possessing the right feelings and emotions. In this way, through recognition of the importance of the passions, care is related to virtue ethics.¹⁶ Patricia Benner takes a similar line of thought to Tong. Both authors worry that the market model of healthcare will become dominant and that the human person in the form of the patient will be ignored. Benner does not believe that rights-based principle ethics should be replaced in medical ethics, but

¹⁵ Dawson and Carnevale, "Engagement and Suffering", p.194.

¹⁶ Tong, "The Ethics of Care", p.137.

that more consideration should be given to the role of emotion. She endorses the Aristotelian vision of emotion as governed by reason as a move in the proper direction because it comes close to capturing how one's emotional responses are developed in the acquiring of a habit:

Emotions are more than 'noises' that trouble our cognitive processing; they create the possibility of rational action. Emotional responses can act as a moral compass in responding to the other person. Emotions, viewed in this way, signal a response to the plight of the other and guide perception of salient moral issues, and thus are not empty of cognitive or moral content or necessarily disruptive of reasoning processes.¹⁷

The Limitations of Ethics of Care Theory as an Account of Virtue Ethics

Two points highlight the limitations inherent in considering care theory as an expression of virtue ethics. The first point focuses on theory. The second point stresses the irrelevance of care theory to medical ethics. Ethics of Care can only play a very limited role in medicine and medical ethics because it is impractical to use care, either on its own or as a part of a virtue-based theory. To attempt do so is to grind medical care to a halt, burn out caregivers, and turn them into emotionally distant and cold professionals.

1) Theoretical Concerns

The first argument claims that caring cannot be regarded as a virtue because it is possible to care for things that do not fit into a moral criterion.¹⁸ One can care about being remote or aloof in one's professional role as physician, or care that one maximises one's profit in providing medical care. However, this simply would mean that one possesses a vice. Peter Allmark sees some similarities between care

¹⁷ Benner, "A Dialogue Between Virtue Ethics and Care Ethics", p.54.

¹⁸ Philip Warelow, "Is Caring the Ethical Ideal?", *Journal of Advanced Nursing*, v.24, 1996, p.656.

and virtue.¹⁹ Both are proposed as alternatives to mainstream bioethical theories, stress the importance of character, and recognise the role for emotion in ethical decision making. However, caring “is not a good *per se*, it is simply something all of us do, good and bad. The ethics of virtue focuses on the agent, the things she cares about, and the way she expresses that care.”²⁰ Allmark does not perceive anything special about the care of nurses. Everyone cares about his or her job. Assassins care about killing well and maximising profit. Store managers care about attracting customers and making profit. Care is not a virtue but virtue involves correct caring.²¹ Allmark has a point. Care adds nothing new to virtue theory. The conditions for the Ethics of Care already exist within the virtues. Compassion, *dulia*(respectful service), clemency and gentleness, humility, patience, perseverance, truth, and friendliness are all virtues described in detail by Aquinas and which the virtuous person would possess whether the theory of care existed or not.

While Care made add nothing new to virtue theory, it is correct in its concern over caring for the sick person as such, and this is good. Yet care can be misguided without further ethical consideration. Some could view care as providing abortions for women or euthanasia for a pain-ridden patient. These are misguided notions about caring for a person.

2) *Ethics of Care is Impractical to Implement*

The second argument against care being a virtue is advanced by Howard Curzer. He states that we can look at virtue in two ways: the general virtues which make a person a good person and the role virtues that make a person a good lawyer, nurse, or teacher. Ethics of Care advances care as a role virtue for healthcare

¹⁹ Peter Allmark, “Is Caring a Virtue?”, *Journal of Advanced Nursing*, v.28, 1998, p.466.

²⁰ Ibid, p.469.

²¹ Ibid, pp.470-471.

professionals. This means creating a strong emotional attachment to patients. This strong emotional tie creates problems for both caring professionals and patients.²² Some people will not want to become the object of an emotionally caring team overnight. This strong emotional bond will cause the staff problems when they see the patient in pain or when they must break bad news. It is neither possible to be in a caring relationship with all patients, nor even to like all patients. Favouritism will inevitably result and lead to undesirable practices such as ageism, sexism and racism. Objectivity will be lost and harm the patient's diagnosis. Costs will be driven up through physicians wanting the very best treatment for patients. To act with care will lead to staff burnout in a number of ways. They will bring problems home with them and use up emotional resources. Feelings of guilt will linger about not being able to care equally for all patients. The result will be physical and psychological deterioration, leading to suffering for staff, family and patients.²³ Curzer believes that it is difficult to understand care as a virtue if it leads to burnout, bias, injustice and inefficiency. Instead, he holds that one should act benevolently and act as if one really did care. The other option is to care and burn out and end up treating the patient in an uncaring manner. The downside of this thesis is that professionals will have to live a lie and may become alienated from the clinical encounter.²⁴

Curzer makes a valid point. It is unrealistic to believe that one could treat all patients in the manner that the Ethics of Care would have patients treated. The unfortunate reality is that modern medicine is, for the most part, 'stranger' medicine. Specialists have no real time to spend getting to know the narrative of a patient. The pressures of time weigh too heavily on the medical system. This problem could

²² Howard Curzer, "Is Care a Virtue for Health Care Professionals?", *The Journal of Medicine and Philosophy*, v.18, 1993, p.54.

²³ Ibid, pp.56-61.

²⁴ Ibid, p.65.

be overcome only through producing large numbers of healthcare professionals and being willing to assume a dramatic rise in cost of healthcare.

PELLEGRINO'S THEORY: VIRTUOUS HEALTHCARE PROFESSIONALS

There has been one writer who has been more persuasive than anyone else in reintroducing virtue ethics into modern medical ethics. If one wants to look at the 'state' of virtue theory in regard to medical ethics, Edmund D. Pellegrino is the person to whom to turn. While there are other writers in the area, they are heavily influenced by Pellegrino and either comment on his writings or incorporate and expand on his ideas.²⁵ Therefore, this section will focus on the theory of Pellegrino. His theory is substantially based in Aristotle and Aquinas. However, his desire to have virtue ethics assume a place of honour in medical ethics has caused him to unite virtue theory with principle-based theory. I shall argue that this results in a distortion of virtue ethics through reducing it to a version of principle-based theory.

Pellegrino's Account of Virtue

Pellegrino holds that society has lost consensus on a definition of virtue, and without moral consensus, there is no vantage point from which to judge what is right. Virtue becomes confused with conformity to conventions of social and institutional life. The accolades go to those who get ahead and get along.²⁶ Pellegrino believes that principle-based ethics are needed in medicine. In a pluralistic society, rules, laws, and principles are needed to ensure a dependable minimum level of moral conduct. But that minimum level is insufficient in the

²⁵ See volume 18, 1997, of *Theoretical Medicine*, or volume 15, 1990, of *The Journal of Medicine and Philosophy*, which devoted entire issues to Pellegrino and his influence in this area.

²⁶ Edmund Pellegrino, "The Virtuous Physician and the Ethics of Medicine", *Virtue and Medicine*, ed. E.E. Shelp, (Boston: D. Reidel Publishing Company, 1985), p.237.

complex and often unpredictable circumstances of decision-making, where technical and value desiderata intersect so inextricably.²⁷ Being a virtuous physician goes to the heart of the patient-physician relationship. The vulnerability and dependence of the patient forces him/her to trust not just his/her rights to, but also in the character of the physician. In illness, when people are at their most exploitable, they are dependent upon the kind of person who will intend and do the right and good thing.

Pellegrino has been working on this topic since the mid-1980s. The fullest expression of his thesis, which has remained remarkably consistent throughout his writings, is found in his 1993 book, written with David Thomasma, *The Virtues in Medical Practice*.²⁸ In this book, Pellegrino and Thomasma utilise the theories of Aquinas and Aristotle, stating that no one since has added anything to the essential notion of virtue ethics.²⁹ Their basic argument is that virtue ethics has lost its normative force because the moral philosophy on which it was based is no longer intact. There is no consensus on the common good or the good life. Given our pluralistic society, it is too remote a possibility to restore a common moral philosophy for general ethics. However, virtue can be restored for professional ethics because there is a common idea of the telos of medical practice - the health and good of the patient. Yet, even in the limited realm of professional ethics, virtue cannot stand alone, but must be related to other ethical theories to create a more comprehensive moral philosophy that provides specific moral guides for action.³⁰

²⁷ Ibid, p.250.

²⁸ Edmund Pellegrino, David Thomasma, *The Virtues in Medical Practice*, (New York: Oxford University Press, 1993). In 1995, Pellegrino published the article "Toward a Virtue-Based Normative Ethics for the Health Professions" which is a synopsis of the 1993 book and will also be referred to in explaining the theory.

²⁹ Ibid, p.12.

³⁰ Ibid, p.xiii, and Pellegrino, "Toward a Virtue-Based Normative Ethics for the Health Professions, *Kennedy Institute of Ethics Journal*, v.5, 1995, p.254.

Pellegrino argues that virtue-based ethics started its decline for three reasons.³¹ First, the introduction of principle-based ethics seemed more definitive because of its concreteness and applicability to clinical decisions. Second, public attention became focused on autonomy-based, contractual relationships rather than on trust-based covenantal ones because of the following factors: scandal surrounding physicians' character and actions; a move toward more participatory democracy; greater public education; and a general distrust of authority. Third, the religious and philosophical consensus that had undergirded professional ethics in the West was challenged and weakened. He gives several reasons why virtue ethics is making a comeback in professional ethics: the limitations of principle-based ethics; the growing appreciation of the importance of the moral agent; and the telos found in professional ethics.³²

The telos of medicine is grounded in three phenomena of the healing relationship.³³ The first phenomenon considers the facts of illness themselves. A person becomes a patient when he acknowledges a sufficient concern over a physical or psychological symptom. The patient is anxious, in pain, disabled, and very vulnerable and exploitable. He or she can no longer pursue the things he or she desires without great impediment. The patient then seeks a professional to aid them in restoration. The second phenomenon is the act of profession, made when healthcare professionals ask how they can be of help. This question implies a promise that they possess the knowledge and training to assist the patient. This promise establishes a covenant of trust volunteered by the professionals and imposes obligations on them. The final phenomenon is the act of healing itself, where the promise made by the professionals create the telos of the relationship,

³¹ Pellegrino, "Toward a Virtue-Based Normative Ethics", p.264.

³² Ibid, p.264.

³³ Ibid, p.267.

which is the helping and healing of the patient. The virtues that are needed by the physician to establish a healing relationship with the patient are fidelity to trust, compassion, prudence, justice, fortitude, temperance, integrity, and self-effacement.³⁴

Problems with the theory

There are at least three problems with Pellegrino's and Thomasma's theory. It is not with the assertion that physicians should possess virtues, for this assertion is correct, as is the assertion that in being a virtuous physician, one cares about the well-being and happiness of the patient, and that this goes to the heart of the patient-physician relationship. The main problem arises from trying to integrate virtue ethics into the principle-based ethics that dominates medical ethics.

Pellegrino and Thomasma state that a good disposition is not enough to guarantee right moral choice and that principles are needed (making one question the need for virtues), but that virtues are needed so that one will obey the principles. Their writings leave one confused over the use of principle-based ethics as the foundations for the virtues. While they attempt to find a foundation for virtue ethics, perhaps it is more logical to base them on the natural law rather than principle-based ethics. Similar confusion ensues from their use of a circular argument to link the virtues to principle-based ethics and their equating the virtues with principles. The result of this confusion is that it renders their concept unworkable. Or more accurately, the theory does work, but as a principle-based theory rather than virtue theory. In effect, by deflating the virtues to simple expressions of the principles, the theory is virtue ethics more in name than in substance. What is needed is an approach that takes only a virtue ethics theory,

³⁴ Pellegrino and Thomasma, *The Virtues in Medical Practice*, pp.65-154.

such as that of Aquinas, and does not worry about linking it to other ethical theories. While Pellegrino and Thomasma would argue against this criticism of their theory, stating that they were well within the Aristotelian-Thomistic tradition, a close look at their writings seems to suggest that the charges carry enough validity to make a respectable case.

The Use of Principle-Based Ethics as a Foundation for Virtue Ethics

The authors state that principle-based ethics must remain a part of medical ethics. While I agree with this view, I would contend that any effort spent on integrating virtue ethics into a profession-oriented principle-based medical ethics results in confusion. The main role of virtue ethics in medical ethics lies in assisting the patient. There is certainly a limited role for virtue ethics in developing a virtuous healthcare professional, as Pellegrino clearly demonstrates. In trying to tie the virtues too closely with principle-based ethics, the virtues appear to be demoted to a position where a virtuous person is one who simply follows the principles, similar to the proposition made by Beauchamp that each principle more-or-less corresponds with a major virtue.³⁵ It is odd that the authors move into the principle-based approach on the reasons that they give in their book. Pellegrino and Thomasma begin to link the virtues to principles by first stating the problem with the circularity of virtue ethics:

The morally good act is one done by the virtuous person; the virtuous person is one who performs morally good acts. This circular reasoning is tolerable when some common notion of the good is accepted by all. When there is no such common notion, the logical consistency between character and morally good acts is no longer sustainable.³⁶

³⁵ Tom Beauchamp, "What's So Special About the Virtues?", *Virtue and Medicine*, ed. E.E. Shelp, (Boston: D. Reidel Publishing Company, 1985), p.311.

³⁶ Pellegrino and Thomasma, *The Virtues in Medical Practice*, p.18.

Being from the Aristotelian-Thomistic tradition, one could assume that to find an acceptable common notion of the good, they would use either natural law or metaphysics as the basis of virtue ethics. Instead, they employ principle-based ethics. The authors state that the need for guides for specific moral action is acute and that people should turn to the principles to ground ethics. They write:

Principles are general or universal guides to action. They may be derived from more fundamental moral postulates and intuitions or accepted as *prima facie* moral truths that should be respected unless there is a morally compelling reason not to do so.³⁷

If principles are universal guides to action, then is there a need for the virtues?

They must add nothing if our actions are prescribed for us by principles. The statement also raises the question of how universalisable principles are formed if society is so pluralistic that a definition of the common good cannot be found. If there is enough common ground to develop common principles, why is there not enough common ground to form a common good? Pellegrino would most likely reply that it is because principles are about protecting individual rights, and hence the only common ground is that where people agree not to interfere in the other person's pursuit of fulfilment. However, if people can agree that they value certain things, such as freedom of expression, the ability to determine one's own future, and to be treated with justice, does this not indicate the existence of a shared notion of common ground in society? They would have been better off arguing from a natural law theory. One finds it difficult to imagine that a person could disagree with a statement saying that human life itself, creative play, rewarding work, taking pleasure in things of beauty, inner peace, peace with family, friends and neighbours is something on which rational people cannot agree. The basic goods would appear to have enough common ground to be accepted by most of society. Pellegrino and

³⁷ Ibid, p.18.

Thomasma state that a common good is not possible in general ethics, due to pluralism, but medicine has a view of the common good in its orientation to help and heal the patient. This allows the virtues to be utilised in the professional ethics of medicine. While virtue ethics is not perceived as sufficient as a foundation for medical ethics, it is not expendable. The character of the physician is at the heart of moral choice and action.

Their endorsement of principle-based ethics confuses one as to whether they are committed primarily to virtues or to principles. It would appear to be principle-based. “It is our contention that virtue-based ethics, as well as the newer alternatives to principle-based ethics, must somehow be joined to principle-based ethics if the limitations of each approach are to be balanced by the strengths of the other.”³⁸ Their emphasis on principle-based ethics as the dominant method of ethical discourse leads to some confusion over how the virtues function in this method. They appear to equate virtues with principles.

Equating Virtues with Principles

Pellegrino appears to agree with Beauchamp, who writes that virtues are dispositions to do what people should do as a matter of duty, and principles of duty are convictions about the proper character that people should cultivate. Beauchamp writes that:

For every principle of duty there is a corresponding trait of character of virtue, which is simply a disposition to act as specified in the principle; and for every virtue of character, there is a corresponding action that conforms to a principle of duty.³⁹

The principle of beneficence corresponds to the virtue of benevolence, truth-telling to truthfulness, gratitude to gratefulness, fidelity to faithfulness, confidentiality to

³⁸ Pellegrino and Thomasma, *The Virtues in Medical Practice*, pp.19-20.

³⁹ Beauchamp, “What’s So Special About the Virtues?”, p.311.

confidentialness. The correspondence will not always be one to one but one could reconstruct it so that there is a one-to-one correspondence. Beauchamp believes that approaches based on the virtue of the investigator lack sufficient bite. Rights and moral imperatives are effective instruments for guiding moral conduct whereas exhortations to virtue are difficult to transmit.⁴⁰ When the virtuous person is confused, then virtuous character is insufficient and hence duty or principles are needed. In Beauchamp's vision, the virtues are not virtues in the Aristotelian or Thomistic sense. Rather, they are simply descriptive tags to describe the person who obeys the principles. The virtuous person is the one who is good at following the principles. Pellegrino denies this conclusion, but his argument appears circular.

Circularity of the Argument Linking Virtue Ethics to Principle-Based Ethics

The attempt to link virtue ethics to principle-based ethics creates confusion. Pellegrino and Thomasma several times deny that the virtuous person is the one who simply uses the principles rightly. "Manifestly, this cannot be the case. One may master the techniques of moral analysis and yet be a person of dubious character - something not so rare as one might hope among skilled ethicists."⁴¹ One can have a good grasp of ethical principles and not apply them properly, just as one can have people unaware of principles and yet be counted on to act rightly, given their character. Yet, on the following page, they state that good disposition alone is not enough to guarantee right moral choice. "Moral principles are benchmarks against which we may assess the moral quality" of the relationship between act, intent, and circumstance.⁴² In other words, if one acts against the principles, then one is vicious. Then, on the following page, they deny this:

⁴⁰ Ibid, p.325.

⁴¹ Pellegrino and Thomasma, *The Virtues in Medical Practice*, p.20.

⁴² Ibid, p.21.

the virtuous person is not virtuous because she respects the principle, but because she recognizes the fundamental and universal nature of this principle, sees it not just as a duty in the Kantian sense, but as part of her character - incised, so as to speak, in the etymological sense of the word 'character,' into her very person and identity.⁴³

This again raises the question of how the universal principle is recognised as universal when people are unable to come to a definition of common good in order to know what principles would promote the good. Whereas they criticised the circularity of virtue's definition, they create more confusion by embracing a similar circularity regarding linking virtues to principles:

Principles, then, are general statements of what guides the actions of a good person. A person is not virtuous because he follows the principles or does his duty, as Kant would have it. Rather, the principle derives its validity from the moral relationship that should obtain between rational beings capable of choosing their own values, ends, purposes, and life plans.⁴⁴

Principles are principles because people agree that they should be principles. That appears to be what gives principle their validity, because people agree that they should be valid. There is enough common assent to agree on this point, yet not enough to agree on any other points. While it is true that this is what happens in practice, and it does tend to work, there is still circularity in the reasoning.

Principles operate in a manner which let people agree to disagree and keep relationships on working terms. What virtues are needed for, according to the authors, is to ensure that people are of a certain character that they will obey the principles. The "virtues are conditions of possibility for the implementation of principles and moral rules ... without the virtuous agent, no amount of rule making will ever change the behaviour of individuals."⁴⁵ In the end it is the principles that decide ethics, with virtues only giving the disposition to seek out principles. "In the view that we take, the four principles are derived from obligations owed by

⁴³ Ibid, p.22.

⁴⁴ Ibid, p.22.

⁴⁵ Ibid, p.29.

physicians. These obligations, in turn, derive from the promise to provide competent help, which is at the heart of the medical relationship.”⁴⁶ Previously, they said the virtues were at the heart of the medical relationship. It causes one to wonder whether, despite their protestations concerning Beauchamp’s view of the virtues, they do believe that possessing the virtue of benevolence equals honouring the principle of beneficence, and that possessing the virtue of truth is to obey the principle of truth-telling. There is no difference between the two. Yet, there is one more confusing statement:

In the long run, whether or not a conceptual link can be established between principle, duty, and virtue is not as important as recognition that the character of the physician is an irreducible factor in the healing relationship. How he or she will interpret the moral principles, selects the values that will predominate, and shape self-interest, will be more important than how the moral principles are formulated and described.⁴⁷

They have stated that virtues are insufficient as a basis for medical ethics, but in this passage they seem to be suggesting that virtues are needed for the basis of medical ethics, for without them the principles are useless and could never be rightfully employed. Although some would argue that it is more a question of roles than foundation, I argue that it appears to make virtues more foundational than principles.

Approaches Similar to Pellegrino’s

There are two other authors who have made systematic attempts to integrate virtue theory into medical ethics, James Drane⁴⁸ and William F. May.⁴⁹

⁴⁶ Ibid, p.54.

⁴⁷ Ibid, p.29.

⁴⁸ James F. Drane, *Becoming a Good Doctor: The Place of Virtue and Character in Medical Ethics*, 2nd ed., (Kansas City: Sheed and Ward, 1995), and “Character and the Moral Life: A Virtue Approach to Biomedical Ethics”, *A Matter of Principles?: Ferment in U.S. Bioethics*. eds. Edwin DuBose, Donald Hamel, Laurence O’Connell, (Valley Forge: Trinity Press International, 1994), pp.284-309.

Their writings are worth mentioning because they are in-depth studies; however, any attempt to review their work at length would repeat Pellegrino's basic argument.

Drane believes that modern medical ethics has become depersonalised, partly through its use of rules and principles. It has forgotten that the context of medicine is that of one individual caring for another individual. Like Pellegrino, he does not make a bid for an exclusive ethics composed of virtue and character. He holds that principles are necessary to help make concrete ethical decisions.⁵⁰ William May is similar in this respect. He believes that the virtues do not deserve pre-eminence but that they do constitute an important part of the ethical terrain. As with Drane, May sees the virtues bringing some humanity back into the clinical encounter, and some humility into the physician's character:

Just as important as principles may be those virtues that we bring to a dispute: a measure of charity and good faith in dealing with an opponent, a good dose of caution in heeding a friend who approves only too quickly what we think and say, humility before the powers we wield for good or ill, the discipline to seek wisdom rather than to show off by scoring points, sufficient integrity not to pretend to more certainty than we have, and enough bravery to act even in the midst of uncertainty.⁵¹

GENERAL ACCOUNTS OF VIRTUE IN MEDICAL ETHICS LITERATURE

Not everyone is an advocate of a profession-centred virtue ethics in modern medical ethics. Dissatisfaction with current accounts of the theory is found throughout the literature. The criticisms are aimed at two points: metaethical discontent, and criticism of virtue theory itself. These criticisms are directed at

⁴⁹ William F. May, *The Patient's Ordeal*, (Bloomington: Indiana University Press, 1991), "The Virtues in a Professional Setting", *Medicine and Moral Reasoning*, eds. KWM Fulford, Grant Gillet, Janet Martin Sockice, (Cambridge, U.K.: Cambridge University Press, 1994), pp.75-90, and "The Medical Covenant: An Ethics of Obligation of Virtue?", *Theological Analyses of the Medical Encounter*, eds. Gerald McKenny, Jonathan Sande, (Dordrecht, Netherlands: Kluwer Academic, 1994), pp.29-44.

⁵⁰ Drane, *Becoming a Good Doctor*, p.18.

⁵¹ William F. May, "The Virtues in a Professional Setting", pp.77-78.

utilising virtue ethics in professional ethics. They do not consider applying the virtues to a patient-centred ethics. There are also miscellaneous articles making single points but offering no systematic assistance in integrating virtue ethics into medical ethics. Only two articles endorse the move to a patient-centred ethics, and these provide only a brief, inadequate sketch.

Typical of the metaethical criticisms is Alasdair MacIntyre. He does not believe it prudent to derive medical virtues from invariant human virtues. In fact, given our liberal, pluralist culture, medical virtues become vices. Previous medical virtues were formed in a shared and socially established morality where the physician could assume that a patient's values and attitudes toward life were similar to his/her own. A patient could realistically place his/her autonomy in a physician's hands and not feel as though any autonomy was violated. Social change has destroyed this notion. The invitation to trust in the character and values of the physician, once considered a virtue, has now taken on the aspects of a vice, because one is entrusting one's self to a person who could have opposite moral beliefs and values.⁵² Assuming that certain virtues are still relevant to a profession-centred ethics, which thereby imposes all of these virtues on the public, will cause cases of harm and actual injustice. It is perhaps better to engage in the principle of subsidiarity and promote the virtues in the patient in order to aid them in dealing with illness.

Tom Beauchamp and Robert Veatch are among the most vocal critics concerning the integration of virtue ethics into medical ethics. Their criticisms are not as metaethically oriented as MacIntyre's; rather, they can see only harm rather than benefit coming from an integration. Beauchamp believes that the virtues have

⁵² Alasdair MacIntyre, "How Virtues Become Vices: Values, Medicine and Social Context",

insufficient power for resolving ethical problems, whereas the principles are effective tools for deciding moral conduct. The virtues are relegated to the role of being positioned to correspond with a principle, so the virtuous physician is the one who respects the principles. Virtues are merely dispositions to do what people should do as a matter of duty while principles of duty are convictions about proper character that people should cultivate. In contexts which rely on a person of good character to achieve a desired objective, virtue theory is sufficient: however, when simply going on the strengths of a person, character is not enough and duty is required.⁵³

Robert Veatch sees the virtues as obsolete and unnecessary. Many of the virtues promoted throughout history are repulsive to the adult autonomy model embraced by western culture, such as cunning, hatred of the enemy, or obedience to the husband. Even if the virtues were not repugnant to our modern culture, they could not operate in a pluralistic culture. And even if they could operate, there is no need for a professional-centred virtue ethics because ‘stranger’ medicine has made the virtues as unnecessary.⁵⁴

There are numerous articles making one point about the relevance of virtues to medical ethics, but which make no attempt to integrate the virtues into medical ethics. For example, Elizabeth Telfer’s article on temperance asserts that medical ethics should pay attention to this virtue because it deals with the moderation of food and drink and, therefore, is of concern to one’s motivation and character in a sphere that is bound up with health.⁵⁵ Similarly, Earl Shelp makes the point that

Evaluation and Explanation in the Biomedical Sciences. eds. Tristram Engelhardt, Stuart Spicker, (Dordrecht, Holland: D. Reidel Publishing Co., 1975), pp.108-110.

⁵³ Tom Beauchamp, “What’s so Special about the Virtues?”, pp.309-325.

⁵⁴ Robert Veatch, “Against Virtue: A Deontological Critique of Virtue Theory in Medical Ethics”, *Virtue and Medicine*, ed. E.E. Shelp, (Boston: D. Reidel Publishing Company, 1985), pp.330-339.

⁵⁵ Elizabeth Telfer, “Temperance”, *Journal of Medical Ethics*, v.16, 1990, p.159.

courage is relevant to the patient-physician relationship because it is the task of the physician to teach the patient that they are embodied beings and how they are to live with an embodiment that implies suffering and mortality.⁵⁶ While these points are valid, they offer little in the way of describing how virtue theory can be united into a profession-centred medical ethics dominated by principlism. The two approaches that are concerned with a more systematic approach towards such an integration are Ethics of Care theory and Edmund Pellegrino's theory of virtuous healthcare professionals. However, as was shown, both are inadequate for integrating into a profession-based medical ethics for different reasons. Moreover, they still leave the central person in medicine, the patient, out of the equation.

AN ALTERNATIVE VIEW: PATIENT-CENTRED VIRTUE ETHICS

While there has been much debate concerning how or if one could integrate the profession-based virtue ethics into modern medical ethics, there has been no movement to advance the idea that the whole project is misconceived and that an approach centred on the patient is needed. Only two articles, Karen Lebacqz's "The Virtuous Patient"⁵⁷ and Larry Churchill's "Damaged Humanity: The Call for a Patient-Centered Medical Ethic in the Managed Care Era"⁵⁸, suggest rejecting the idea of a profession-centred medical ethics in favour of a patient-centred ethics. However, these articles are the first tentative steps towards thinking about a patient-centred virtue ethics and thus are somewhat cursory and lacking a systematic approach to the subject. The authors note that the patient is primarily responsible

⁵⁶ Earl Shelp, "Courage: A Neglected Virtue in the Patient-Physician Relationship", *Social Science and Medicine*, v.18, 1984, pp.356-359.

⁵⁷ Karen Lebacqz, "The Virtuous Patient", *Virtue and Medicine*, ed. E.E. Shelp, (Boston: D. Reidel Publishing Company, 1985), pp.275-288.

⁵⁸ Larry Churchill, "Damaged Humanity: The Call for a Patient-Centered Medical Ethic in the Managed Care Era", *Theoretical Medicine*, v.18, 1997, pp.1135-126.

for him/herself in dealing with illness. The relationship with the physician is of secondary importance when compared with other concerns facing a chronically ill patient. When viewed in this light, the emphasis placed on the virtues of healthcare professionals appears mistaken in its emphasis on developing the role-virtues of physicians while ignoring the virtues needed by the patient. The point that the patient will go home after a brief meeting with a physician and have to learn to adapt to a new life is under-emphasised. The relationship with the physician is a small, albeit important, part of the patient's daily life.

This is the point that Churchill is making when he sees the patient as being at the centre of medical relationships. He wants to avoid any notion of making the patient-physician relationship central to the healing process. Rather, the patient and their needs should be central. The relationship with the physician is simply a means to an end, that being health.⁵⁹ Presumably, he believes that it should be left in the patient's hands to determine how to deal with and incorporate an illness into his/her life. The relationship with the physician, while important to the patient, is not the patient's primary concern. Living a happy life is the prime concern and the patient will be focussed on how to achieve this end.

Lebacqz advocates a patient who is not passive in the face of illness. Rather, some directed activity on the part of the patient is needed, a game plan so to speak, to confront the effects of the illness and remain in control of one's life. She perceives that three virtues are needed for patients to deal with their illness - fortitude, prudence, and hope. Illness represents a threat to self and changes one's self-concept. The old self-image is eroded; one feels extremely vulnerable and loses one's life story. Things can no longer be taken for granted. Being a patient involves

⁵⁹ Ibid, pp.115-117.

dealing with physical distress, personal threats and a new social role. The virtues of a patient will have to deal with the stress of pain, discomfort, physical limitation, loss of autonomy, violation of privacy, vulnerability and loss of self. The western view of a good patient is one where the patient is long-suffering, making the best of everything, not complaining but enduring, not moaning but being cheerful, obeying orders, but not making demands. “The chronic patient adjusts to limitations, forges a new life based upon them, and bears pain with good will.”⁶⁰ Her perception of the virtuous patient is not one who is passive. The virtues she sees for patients are fortitude, prudence and hope. She has a Thomistic interpretation of these virtues. She cites Josef Pieper, a Thomist, and uses his definitions for the virtues. Fortitude is important because it deals with not succumbing to the evil of illness. The allied virtues of courage, patience and perseverance, are needed by the patient in order to keep one’s spirit from being broken by fear, grief or sadness. Prudence is needed to accurately perceive danger and take courageous actions, otherwise the bravery is simply rashness. Prudence also gives one the opportunity to grow and learn, through examining our embodied being and to examine our lives. Hope, the theological virtue, involves letting go of control and depending on fate or God, something outside of oneself and not letting despair take control of one’s life.⁶¹ The virtues, Lebacqz argues, counter passivity in the face of illness and promote a strength in the patient that allows illness to be a less distressing event.

CONCLUSION: TOWARDS A MORE COMPREHENSIVE VIEW OF A PATIENT-CENTRED VIRTUE ETHICS

⁶⁰ Lebacqz, “The Virtuous Patient”, p.279.

⁶¹ Ibid, pp.280-284.



As we have seen, the two main approaches examined, Ethics of Care and profession-based virtue ethics, have fundamental flaws which make them both impractical to implement and irrelevant in the sense that they miss the point that the patient is ultimately at the centre of medical ethics. Lebacqz and Churchill argue this latter point, and while the direction of their articles is the same that I will take, there are some weaknesses in their approach. The virtues promoted by Lebacqz, fortitude, patient and perseverance, are geared toward getting a patient through an illness and not succumbing to despair. They do not really address a patient with chronic illness who will have to live with long-term suffering. The virtues that she offers will not so much promote happiness as let one merely survive an ordeal. Happiness still must be pursued even in the face of chronic illness. While her model may be appropriate for helping a person endure a hospital stay and a very short recovery period before a return to a normal level of health, a person with chronic illness returns home to a likely permanent level of reduced health. This person will have to learn to be happy in daily existence for the rest of his/her life, just as any human needs to learn how to be happy in daily life. To achieve this, a comprehensive approach to virtue ethics must be employed.

Models of virtue ethics such as Lebacqz's or Churchill's, that stress only what are basically role-virtues for sick individuals, miss the fact that the patient must continue on as a whole person, not simply a patient. There is something of a dualism present in these models, as if the ill person ceases existing as a full human being and is issued role-virtues as a crutch to aid enduring the illness until health is regained. The role-virtues are prescribed like any other medication a sick person must take and have little to do with life when healthy. A virtue theory more integrated towards every aspect of one's life is needed to address the chronically ill person. This theory would treat virtue ethics as its own theory and able to resolve

ethical problems on its own, provided that natural law is part of the whole theory. It would not treat virtue ethics as a quasi-theory with a few notable points that are to be extracted and integrated into another ethical theory, which is what modern medical ethics attempts to do.

The virtue theory of Thomas Aquinas may offer an adequate approach to the problem of finding a virtue theory which can embrace the whole of a person's life, including illness. One possible advantage of Aquinas is that his virtue ethics could avoid the mistake of Lebacqz and Churchill in that he applies the virtues to every facet of an individual's life. He attempts to examine each type of human activity that promotes happiness and relate it to the virtues. This is the type of virtue theory that can be applied to nearly every conceivable human condition and situation and which may be applied in understanding how people with chronic illness live so as to attain happiness.

However, this is simply a hypothesis, and the reality could turn out to be completely different. The move to a more complete virtue theory such as Aquinas's could improve the task of integrating virtue ethics into modern medical ethics from a patient's perspective. Yet, the outcome is by no means certain and it could prove to be too bold a step. To take an ancient theory written in greatly different circumstances and attempt to integrate it into modern medical ethics may not work. Society has changed dramatically. The readership Aquinas wrote for is not the readership of modern medical ethics. Several things have changed since Aquinas wrote his treatise on the virtues. Society is no longer familiar with the language of virtue ethics and lacks a widely embraced notion of the common good and an idea of human flourishing. A complete virtue theory, as compared to one that embraces a few role virtues, may be unworkable in modern, pluralistic society. It might turn out that a systematic account of Aquinas's virtues is now an outmoded expression

of ethical analysis. Even if virtue ethics is found to be relevant to contemporary society, it still faces heavy challenges in what is perceived by its critics to be its inability to provide a detailed ethical analysis of human acts. This fact may only be compounded by society's unfamiliarity with virtue language. When applied against the specifics of human acts, the theory could emerge to be too theoretical.

While it may very well emerge that Aquinas's theory is not well adapted to our modern society, the opposite may be the case. There is a tendency in modern culture to divorce ourselves from our past, considering ourselves either radically different from our ancestors or that we have evolved into their superior offspring. We may not be as unique as we like to think. Humans have always confronted changed, as the adage states: 'The more things change, the more they stay the same.' The collective wisdom and experience of our ancestors may have something to tell us about our contemporary situation. As the author of Ecclesiastes writes:

What was will be again; what has been done will be done again; and there is nothing new under the sun. Take anything of which it may be said, 'Look now, this is new.' Already, long before our time, it existed. Only no memory remains of earlier times, just as in times to come next year itself will not be remembered"(1:9-10)

Not every new thing turns out to be a good replacement for the old.

Aquinas's virtue theory may turn out to be a great aid to chronically ill patients. At the end of *After Virtue*, Alasdair MacIntyre writes that:

if the tradition of the virtues was able to survive the horrors of the last dark ages, we are not entirely without grounds for hope. This time however the barbarians are not waiting beyond the frontiers; they have already been governing us for quite some time. And it is our lack of consciousness of this that constitutes part of our predicament. We are waiting not for a Godot, but for another – doubtless very different – St. Benedict.⁶²

MacIntyre is referring to the need to return to a new understanding of community which will act as the basis of one's moral life, which is why he refers to

⁶² Alasdair MacIntyre, *After Virtue*, 2nd edition (London: Duckworth, 1987), p.263.

St. Benedict. One wonders if the new St. Benedict will turn out to be St. Thomas Aquinas whose virtues are as relevant to our post-modern, pluralistic society as they were to the middle ages.

CHAPTER THREE

THE INNOVATION OF AQUINAS: THE CHRISTIAN GOD, THE THEOLOGICAL VIRTUES, AND THE TRANSFORMATION OF ARISTOTLE

INTRODUCTION

The aim of this chapter is to gain an understanding of Aquinas's virtue ethics. While difficult to achieve in a single chapter in detail, because Aquinas's theory draws upon much of the *Prima Secundae* and the entire *Secunda Secundae*, one can summarise his work and attain a working knowledge of Thomistic virtue ethics. While the following reading is contested, I hold that what emerges is a teleological theory, indebted to natural law, whose aim is to supply a conduit from natural law to human flourishing. This conduit is the virtues. The virtues are characteristics that facilitate the following of natural law and thus allow the person to attain a degree of fulfilment. Virtues arise from dispositions that we take care to nurture, and dispositions act so as to order our desires rightly. Dispositions help order our emotions to desire the good and avoid the evil. In deciding what one should pursue or evade, reason plays a decisive role. All of these elements must be understood before one can feel competent in understanding Thomistic virtue ethics.

While the intent of this chapter is to explain Aquinas's theory, some anticipatory comments will be made regarding the following chapter on natural law and on the fifth chapter dealing with applying Thomistic ethics to patients with chronic illness. As mentioned in the outline of the chapters in the Introduction chapter, the natural law is important because it provides some specificity in regard to determining which basic goods allow a person to flourish. This can be related to patients suffering from chronic illness to see where such basic goods are lacking and which virtues can serve to supply these goods. Concerning the fifth chapter, questions and points will be raised when we address the case of chronically ill patients and the virtues. Aquinas's concern is that some people carry such heavy burdens, such as a debilitating illness, that they will be drastically hindered in their

opportunity to achieve happiness. This will be highlighted for consideration in the last section of this chapter. Also emphasised will be the point of understanding how certain emotions respond to certain situations and how the virtues are hence linked to the passions. This allows one to target which virtues will be of relevance to patients confronting emotions such as anger, aversion, pain or hope.

When one reads Thomas Aquinas and secondary sources on Aquinas, one may conclude that Aristotle is ever present throughout Aquinas's works. This is true: Aristotle had a formative influence on Aquinas's thoughts. Aristotle's system provided Aquinas's starting point and affected his method of analysis, but Aristotle did not wholly determine the content of Aquinas's virtue ethics.¹ Aquinas did not simply over-lay a Christian interpretation on to Aristotelian thought. He added a new emphasis that stressed *beatitudo* rather than *eudaimonia*. In doing so, he created a different virtue ethics. By setting up the theological virtues as the most important of the virtues, Aquinas radically changed the nature of Christian virtues. The emphasis is no longer solely on achieving happiness in this life. It is placed first on achieving happiness in the after-life, explaining why the theological virtues attain ascendancy among the virtues. This changes the function of the moral and intellectual virtues from allowing the person to achieve what could only be an imperfect happiness in earthly life to a function where one is oriented to achieving one's teleological goal - perfect happiness in the beatific union.

The virtues, first examined by Aristotle, take on a different quality when viewed by Aquinas, a quality that will be discussed more thoroughly in later pages. However, it is difficult to understand how Aquinas's virtues are different without first perceiving how they fit into his system of thought. Any such summary will

¹ Michael Haren, *Medieval Thought: The Western Intellectual Tradition from Antiquity to the Thirteenth Century*, 2nd ed., (London: MacMillan Press, 1992), p.189.

need to address the following topics - telos, ethical theory, reason, the passions, natural law, happiness, dispositions, and then finally virtue. The topics rely on each other for his ethical theory to function. The first point in understanding Thomistic thought is comprehending the telos around which he bases his system of thought.

TELOS

Most of Aquinas's writing on virtue ethics is found in the second part of the *Summa, The Secundae*. (1a2ae.qq.1-114, 2a2ae.qq.1-189) It is at the start of this middle part that Aquinas addresses the condition of human beings because humans, in his belief, are in the middle of a journey. M.D. Chenu writes that in determining the *Summa's* structure, Aquinas referred to the Platonic theme of emanation and return: theology is the science of God, so all things were to be studied in their relation to God, either in their creation or in their final end, thereby everything is judged in terms of the highest causality. Everything becomes an object of theology. Aquinas approaches each creature as to how it came from the first principle and how it will return to its end.² Chenu writes of Aquinas's approach: "All creatures, and particularly human creatures, all events, and particularly human events, are framed between these two causes - the efficient cause, God-Creator-and-Conserver (Ia Pars) and the final cause, God-Beatifier-and-Glorified".³ It is important to note Chenu's summary because the dissertation deals with the human events between these two causes. The meaning of human nature and the purpose of life are meant to be understood in terms of such events. Humans are meant to understand themselves as being made in the image of God and as returning to a union with God. Human nature is to be comprehended in terms of this, and it is only in

² M.D. Chenu, *Toward Understanding Saint Thomas*, trs. A.M. Landry, D. Hughes, (Chicago: Henry Regent Company, 1964), pp.304-308.

³ Ibid, p.311.

understanding this architecture that one can come to an understanding of human happiness.

Aquinas's theory of *exitus et reditus* is not universally accepted among present day theologians. Perhaps the most contemporary rebuke is that of James Gustafson, who bases his rejection on the findings of modern science. He states that Aquinas's claim, that all creatures come from and return to God, is not sustainable because science now tells us that in all probability the universe will end. For this reason we can neither subscribe to the Christian belief in the eschatological renewal of all creation nor hold with Aquinas's belief that all creation, including humanity, is oriented toward its ultimate fulfilment.⁴ Jean Porter disagrees with Gustafson, stating that he fails to distinguish between the natural and the supernatural sense in which creatures are said to return to God. While it is true that Aquinas looked forward to the supernatural fulfilment of the person and of all creation at the general resurrection, he did not anticipate that the fulfilment would come about as a result of a natural process. But this does not matter because he held that creatures return to God in that they attain perfection in accordance with the ideal of the specific type of creature that they are. This means one can say that creatures love and attain God as they attain the good proper to them as members of a particular species.⁵ The notion of return can be seen as a 'natural' process whereby creatures return to God as they fulfil the ideal of their nature.

With his discussion of happiness at the beginning of the *Prima Secundae*, Aquinas begins the return trip, to 'God-Beatifier and Glorified' where humans shall

⁴ Jean Porter, *The Recovery of Virtue: The Relevance of Aquinas for Christian Ethics*, (Melksham, Wiltshire: The Cromwell Press, 1994), pp.53-54, and see James Gustafson, *Ethics and Theology*, (Chicago: University of Chicago Press, 1973), pp.54-55. For a good overview of the various secondary source debate over this point of Aquinas, refer to Porter. She discusses several claims, with Gustafson's being one that takes into account recent scientific findings to critique Aquinas.

⁵ Porter, *The Recovery of Virtue*, pp.53-54.

attain perfect happiness- the *beatific vision*. Aquinas's belief that the person's end was to achieve happiness through the *beatific vision* made his argument teleological. Understanding sacred scripture as *a priori* allowed Aquinas his first principles and a pre-given knowledge of truth. From this *a priori* assumption, an argument can be made from sacred scripture for the person's telos. Aquinas understood theology as a deductive science, beginning with what is known and moving toward that which is less known. It is a derived science, one that is not obliged to demonstrate the truth of first principles. It is the task of the theologian to draw out inferences from these first principles. God communicates with humanity through scripture, and human reason is employed to extrapolate theological doctrine from scripture. Geoffrey Turner points out that the first principles of theology as a science are the articles of faith found in, or rather derived from, scripture.⁶ A consequence of his being imbued in sacred scripture is that Aquinas had the knowledge to determine the purpose and end of humanity. This destiny is the beatific vision, which is revealed in scripture. God is the ultimate end of each person. This point has implications for the basis of Aquinas's ethical theory. Various Thomists hold different theories concerning Aquinas's foundation. Joseph Pieper suggests a teleological approach to Aquinas. He holds that Aquinas believed humans were ordained to an end that is inscribed in their very being, existing in them since creation. Creation is a key to all the basic concepts of Aquinas's vision of the world. Everything is created, except God the Creator. This createdness determines entirely and all pervasively the inner structure of the creature. God created humans oriented toward an ultimate end consisting in the beatific vision.⁷

⁶ Geoffrey Turner, "St. Thomas Aquinas on the 'Scientific' Nature of Theology", *New Blackfriars*, v.78, 1997, p.469.

⁷ Joseph Pieper, *The Silence of St. Thomas*, trs. John Murray, Daniel O'Connor, (New York: Pantheon Books, 1957), pp.47-61.

Others, such as Norman Kretzmann and Eleonore Stump, describe Aquinas's ethical theory as teleologically deontological, meaning that the person is oriented toward God and that his/her future good is aimed at *beatitudo*, implying that while a person is oriented toward God and his or her future good is aimed at *beatitudo*, a person can never act with injustice toward someone, no matter what 'good' consequences may be gained from the act.⁸ Stump and Kretzmann accept metaphysics as the basis for Aquinas's virtue ethics. Humans become more perfect as they realise their potentialities, and because humans are made in the image of God, it would be difficult to believe that one is realising one's potential by being unjust toward another. Some actions are never acceptable for human beings to perform because they are at odds with our potential nature. There exist universal moral norms that are to be respected. Similar to this position is Alan Donagan's who perceives Aquinas's structure of morality as a deontology resting on a distinctive teleology of pre-existent ends.⁹ James Lehrberger holds that Aquinas's ethical theory is neither teleological nor deontological; rather it transcends both.¹⁰ He states that Aquinas's theory unifies and synthesises partial and fragmentary insights offered by deontology and teleology without their attendant difficulties. Lehrberger understands Aquinas as incorporating the teleologist's concern for the production of a good end with the deontologist's concern for the inherent quality as criterion for a right act. Lehrberger has a point worthy of discussion. Aquinas may not fit into C.D. Broad's classic formulation of the distinctions between deontological/teleological. Lehrberger is arguing that it is anachronistic to push

⁸ Eleonore Stump and Norman Kretzmann, "Being and Goodness", *The Concept of Good in Metaphysics and Philosophical Theology*, ed. Scott MacDonald, (Ithaca: Cornell University Press, 1991), p.121.

⁹ Alan Donagan, *Human Ends and Human Actions: An Exploration of St. Thomas's Treatment*, (Milwaukee: Marquette University Press, 1985), p.15.

¹⁰ James Lehrberger, "Deontology and Aquinas's Virtue Ethic", *Saints, Sovereigns and Scholars*, ed. R.A. Herrera, (New York: Peter Lang, 1993), p.107.

Aquinas into either of these categories. Lehrberger argues that Aquinas transcends deontology and teleology. Deontology and teleology differ over whether an act's rightness is found in its intended consequences or by its own inherent quality.

Aquinas, as a virtue ethicist, understands ethics as a practical enquiry that is not so much concerned with rules of moral obligation but with what promotes human flourishing. There do exist laws, based on natural law, that humans can never violate because the object of the act can never be good, meaning it can never lead to human flourishing. Jean Porter argues a similar point to Lehrberger and offers a more satisfactory explanation. She writes that Aquinas's:

overall moral theology is teleological in the sense that it holds that the final purpose of human life gives the moral life its ultimate point, but it is not teleological in the sense that action and virtues are evaluated by the degree to which they foster or hinder the attainment of that final purpose.¹¹

Humanity is created in a certain way and does have a distinct destiny, but this does not imply that any action that brings one closer to that destiny is morally acceptable. There is a deontological aspect to Aquinas. He is concerned that every moral action should possess a good object. The deontological and the teleological are inextricably linked. In performing a virtuous act, one must have a good object. While not every wrong act is necessarily a vicious act, using one's pedagogical skills, a craft, to teach others racial prejudice is a vicious act. Developing the virtue of moderation in regard to eating in order to produce health is a virtuous act. The object of the acts, to hate without just cause and to foster health, help define the species of the act as either virtue or vice. It is contradictory to say that one can become more like God through immoral acts.

¹¹ Porter, "Desire for God: Ground of the Moral Life in Aquinas", *The Thomist*, v.47, 1986, p.65.

THOMISTIC ETHICAL THEORY

It is Aquinas's belief that the human person is created in God's image and will return to a final and complete fulfilment by resting in the vision of God that allows Aquinas to begin to build a theory of acceptable human behaviour, one based on a teleological ethic. Alasdair MacIntyre writes that in a teleological scheme "there is a fundamental contrast between man-as-he-happens-to-be and man-as-he-could-be-if-he-realized-his-essential-nature."¹² It is the task of ethics to enable human beings to come to a realisation of how to make the transition from the first state to the second state. The principles that promote virtues and prohibit vices instruct humans on how to reach the second stage and fulfil their true nature and achieve final fulfilment. The desires and emotions that are inherent in humans are to be put in good order through the virtues. Hence:

we have a threefold scheme in which human-nature-as-it-happens-to-be (human nature in its untutored state) is initially discrepant and discordant with the precepts of ethics and needs to be transformed by the instruction of practical reason and experience into human-nature-as-it-could-be-if-it-realized-its-telos.¹³

It is the use of right reason that allows the person to achieve this telos.

Aquinas understood human nature as being composed of two very powerful forces - reason and emotion. Modern philosophy tends to criticise Aquinas for not giving enough of a role for emotions in his ethical theory. Although unfair and wrong, this comment does address the prominence that reason plays in Thomistic thought. Good and evil are understood in terms of being in or out of line with reason. The ability to reason leads us to develop an ethical theory based on or

¹² Alasdair MacIntyre, *After Virtue: A Study in Moral Theory*, 2nd ed., (London: Duckworth, 1985), p.52.

¹³ Ibid, p.53.

derived from first principles of practical reason. While there are many first principles of human action, they all have in common the fact that they are the precepts of the natural law.(1a2ae.94.1.2) The first precept of all moral action is that we are to do good and avoid evil. We are able to tell what is good for humans through reflecting on natural law. This first principle of practical reason forms our thoughts on ethical thinking. John Finnis writes that the goods which Aquinas proceeds to identify:

will all be referred to in principles of the form: *X* (say, human life) is a good, to be pursued and preserved ... and what damages *X* is a bad, to be avoided; actions that are good as means to realizing such basic goods are to be done; actions bad as harming a basic good are to be avoided.¹⁴

First principles are considered to be self-evident and cannot be demonstrated.

While they are considered apparent, they are not innately in us but rather we come to know them gradually and they are formed from sensory memory and experience.¹⁵

The moral norm that dominates ethical life is the love of neighbour as self. This is the articulation of the command to do good and avoid evil. Finnis calls it the “first, architectonic, and master principle of morality ... a principle conceived by Aquinas ... as the import, the specifically moral significance, of the first practical principles when taken together.”¹⁶

The basis for morality is human nature. Human beings have a natural desire to pursue the good. Human goodness is found in acting in harmony with this nature. We are aided by reason, which is capable of discerning human nature. Moral good is every object that enables the person to actualise himself/herself according to the norm of his or her essence, which is known through the natural

¹⁴ John Finnis, *Aquinas: Moral, Political, and Legal Theory*, Oxford: (Oxford University Press, 1998), p.86.

¹⁵ Ibid, p.88.

¹⁶ Ibid, p.128.

law. It is by using right reason that a person's actions will be moral. Human actions are only truly human when activities are knowingly and willingly performed because these acts utilise the will and reason, faculties which are constitutive of humanity.¹⁷

Freedom, power and mastery are key to understanding proper human actions.

Aquinas distinguishes between human acts and the acts of a human. Human acts constitute a moral order whereas acts of a human can be any act. Finnis argues that human actions are human only when people are in control of them as ruler, master, and owner. Free will is essential to being human and hence the explanation of why reason is so important.¹⁸

There is some debate over what Aquinas believed was the main constitutive of a moral act. On one end, there is Grisez/Boyle/Finnis who take Aquinas as their basis for saying that it is on account of basic goods that people act. They promote a deontological theory that focuses on the act of achieving basic goods which fulfil people. We act for a diversity of basic goods which serve as principles of action because they are ultimate rational grounds that propose we act in certain ways to achieve certain benefits. The basic goods are diverse, reflecting the inherent complexities in human nature. They are reasons for action with no further reasons and as primary principles, they are incommensurable with one another. Each basic good is necessary for fulfilling us as human beings and therefore we are to act for the basic goods and to avoid what opposes basic goods. Virtues are character traits that organise the various aspects of the complex human personality. When these various aspects of our personality are properly ordered by the virtues, harmony is introduced. Attaining the virtues leads us toward the ideal of integral human

¹⁷ Ralph McInerny, "Ethics", *The Cambridge Companion to Aquinas*, eds. Norman Kretzmann, Eleonore Stump, (New York: Cambridge University Press, 1993), p.197.

¹⁸ Finnis, *Aquinas*, p.20.

fulfilment, a key component to their moral philosophy, which is the realisation, as far as is possible, of all the basic goods acting in complete harmony.¹⁹

On the other end of the spectrum is the proportionalist school. Louis Janssens, a proportionalist, understands Aquinas as holding that the moral goodness and moral evil of an action is determined by its end, meaning the ultimate intention toward which the agent acts. Countering the claim that this is relativistic, Janssens states that the agent's end will be objectively good or evil.²⁰ Between the claims of the deontologists and proportionalists is James Keenan, a virtue ethicist. Keenan perceives Aquinas as approaching morals at the level of intentionality, insisting that we cannot simply look at external actions, but must first consider how we think and what we intend, that intention is the beginning of our actions and the start of the type of people we become. He states that a wrong intention makes the external act wrong and that a right intention must have in the external act an appropriate expression of the intention. Any objectively right act is a virtuous act if arising from a virtue itself or it may be a natural virtue. Any act which is objectively wrong would be either a vicious or an incontinent act. If this is absent, then the external act is wrong. Virtues and vices allow us to measure intention. All of morality comes down to virtue. A right intention must be just and prudent, aimed at giving the other his/her due and doing so in fitting circumstances.²¹

Also in the middle is Jean Porter, another virtue ethicist, who disagrees with Grisez/Boyle/Finnis. She believes Aquinas to hold that intrinsically evil acts are

¹⁹ Germain Grisez, Joseph Boyle, John Finnis, "Practical Principles, Moral Truth, and Ultimate Ends", *American Journal of Jurisprudence*, v.32, 1987, pp.99-151, and John Finnis, "Practical Reasoning, Human Goods, and the End of Man", *New Blackfriars*, v.65, 1985, pp.438-451.

²⁰ Louis Janssens, "Ontic Evil and Moral Evil" *Moral Norms and Catholic Tradition*, eds. Richard McCormack, Charles Curran, (New York: Paulist Press, 1979), pp.69-71. The proportionalist position will be more fully developed in the 'Proportionalist Critique of Grisez-Boyle-Finnis' section in the following chapter.

²¹ James F. Keenan, "Ten Reasons Why Thomas Aquinas is Important for Ethics Today", *New Blackfriars*, v.75, 1994, pp.354-362.

defined in terms of harm done to people and not in terms of basic goods being attacked. Attacking a basic good does not equate with harming a person, because not each attack on a particularisation of a basic good is an attack on a person if that particularisation clashes with another particularisation.²² As for the proportionalists, she writes that Aquinas explicitly contradicts any claim that the object of the act itself does not enter into its proper description or its moral evaluation.²³ She mentions Aquinas's list of four aspects which determine an action's morality: an action is good in that it exists, it has to have a good object, be done in appropriate circumstances and the agent must have a good intention.²⁴

Emotions are the second important part of Thomistic ethical theory. Aquinas understands emotions to be morally neutral, neither virtues nor vices, neither good nor evil. They are part of what it is to be an embodied human and are in themselves normal. Emotions are subject to reason and will and in a sense voluntary in that they can be commanded by the will or not be restrained by the will.(1a2ae.24.1.) However, when they start to dominate reason, getting out of reason's control, they become maladies.²⁵ Aquinas needs a moral structure that can hold the passions in a proper check. He believes that the "moral order consists of putting our minds to the pursuit of the objects of natural inclinations, such that we pursue them well."²⁶ He does not believe that it is possible to categorise each moral act, for the morality of an act depends on object, circumstance and end. Thinking through each imaginable circumstance in which a moral agent finds him or herself acting toward every conceivable object, and for each potential end is unfeasible. He continues to hold that each human act must have a good object which promotes the

²² Porter, *The Recovery of Virtue*, pp.91-92.

²³ Ibid, pp.92-93.

²⁴ Ibid, p.94.

²⁵ Brian Davies, *The Thought of Thomas Aquinas*, (Oxford: Clarendon Press, 1992), p.286.

²⁶ McInerney, "Ethics", p.211.

fullness of being and is in accord with reason; that the end must be in line with reason, and that due circumstances must be present to make an act morally good.(1a2ae.18.3., 18.8.,19.9.) However, he believes Aristotle's virtue ethics was correct in stating that sometimes actions must be spoken of vaguely; it is impossible to prescribe what each person, given his or her special circumstances, should do in each case. Virtuous actions do not come out of a stamping-press. The personalities and circumstances of each human vary so much that it is too difficult to prescribe how every person is to act in a given situation. What can be given are generalities which indicate the approximate appropriate behaviour. Human actions must be in line with reason, and performing each kind of rational activity well is a distinct kind of virtue, so the human good consists in the acts of a plurality of virtues.²⁷ One of Aquinas's constant themes is that the defection of reason or inconsistencies with reason governing us is the very essence of wrong action and choice. Allowing one's emotions to hold sway over reason is the best way to go about doing wrong. One of the tasks of the virtues is to keep this from happening. Things go terribly astray when emotion subverts reason and makes it its servant. Finnis writes that "Reason in passion's service does its master's bidding by inventing intelligent and attractive but, in the last analysis, specious and imperfectly intelligent rationalizations for doing what one (emotionally) wants."²⁸ Inasmuch as reason is a main concern in Aquinas's work it is necessary to devote some attention to its consideration.²⁹

REASON

²⁷ McNerny, "Ethics", p.203.

²⁸ Finnis, *Aquinas*, pp.73-74.

²⁹ As for relating the final end of human beings to the content of Aquinas's moral system, Aquinas's moral theology presupposes that we can derive moral content from independent, nontheological grounds. The content of morality does not have to be established solely on theological grounds. See Jean Porter, "Desire for God: Ground of the Moral Life in Aquinas", *The Thomist*, v.47, 1986, p.65.

“Reason is the first principle for all human acts, and whatever other principles may be found, they obey reason in some way”.(1a2ae.58.2.) As the above section has emphasised, acting morally is simply to act in a manner which most befits human nature, for indeed, the foundation of the moral life is human nature: people move toward that which fulfils and perfects them. Reason can perceive these needs and when people act in the light of reason to satisfy these needs, they act well and are good. If a person’s reason is impaired or if it neglects these needs, he/she diminishes him/herself and is bad in some respect. If they function to the extent of their capacities, they live a good life and are happy. Goodness lies in people’s acting in harmony with their natures. We are to recognise what we are and to act appropriately, for we are creatures of reason.³⁰ Happiness will occur when our passions and appetites are properly constrained by the order of reason, the reason that guides the person to achieve his or her potential as a member of the human race. Without reason to regulate our desires, we will never achieve happiness and be no better than a beast in the wild, following wherever each passing passion leads it. “The point of man’s having been endowed with reason is that he should be able to work out an order in which to realize the promptings of nature intelligently, and not merely to follow them indiscriminately.”(2a2ae.69.4.1)

Being able to reason relies upon possessing knowledge. As Brian Davies points out, Aquinas was an empiricist who held that human knowledge depends on sense experience. While knowledge is drawn from our sense experience, sense experience alone does not give a person intellectual knowledge of a thing. The human intellect understands a thing by abstracting from sense data.³¹ To link this to morality, morality is about questions which concern veracity or falsity. We can

³⁰ Davies, *The Thought of Thomas Aquinas*, pp.227-231.

³¹ Ibid, p.125.

think about a question in two ways: theoretically (or speculatively) by starting through premises that we know to be true and then moving to conclusions that follow from these premises, or by practical reasoning, which is concerned with moral matters. It is practical reasoning that is of concern to this work. Practical reasoning relates to synderesis, the apprehension of basic principles. Practical reasoning begins with general principles, such as do good and avoid evil, which are immediately recognised as true by the intellect. Such a fundamental moral principle is known as all other knowledge is known, through sense experience. This knowledge is not innate, but rather the product of synderesis³², the procedure whereby the intellect forms norms out of experience. It is infallible thought concerning first principles. Without such certainty in matters of knowledge we could never be sure of anything.³³

While Aquinas believed that the human mind could arrive at truths through reasoning, he saw it as weak and compared it to the angelic mind, which was the model mind. Patrick Quinn argues that:

Aquinas's model of mind is a non-sensory intuitive one which, on his account, would appear to devalue the human intellect. The unflattering references to a weaker and inferior human mind and the illustration given in S.T. 1.89.1. of a slow learner all contribute to this conclusion.³⁴

The human mind is weak because of the "discursive process of human cognition which results from the application of our understanding to the potentially intelligible data that is acquired from sense."³⁵ The mind struggles to understand through a lengthy and difficult process. The angelic mind has a swift, immediate and intuitive grasp. It comes to an immediate grasp of first principles whereas

³² "Synderesis is called the law of our understanding inasmuch as it is the habit of keeping the precepts of natural law, which are the first principles of human activity." (1a2ae.94.1.2.)

³³ Davies, *The Thought of Thomas Aquinas*, pp.232-233.

³⁴ Patrick Quinn, "Aquinas's Model of Mind", *New Blackfriars*, v.77, 1996, p.222.

³⁵ Ibid, p.215.

human beings have to reflect sensory experience to arrive at these principles. Aquinas would have preferred that humans had an intuitive rather than a discursive mind. Yet, the mind must intellectually depend upon the senses or it would be very difficult to hold that it functioned naturally at all, given that we are corporeal beings who inhabit a physical world. The lower intelligence of humans makes it necessary to have a greater range of species for it to understand, which are derived from sensory images. He likens human souls to slow learners who are divinely appointed to have bodies so they can have a wider body of images from which to learn. This intellectual feebleness is why there exists a close relationship between the human body and soul.³⁶ However, humans are left to endure bodily existence and all of its benefits and burdens, which leads to the next category, human passions.

THE PASSIONS

Our desires stem from our passions, which are our emotions. Passions are to be found in the appetitive power of the soul rather than in the apprehensive power, for the appetitive power is drawn to things as they are, while the apprehensive power is not drawn to things as they are, but rather knows a thing “by reason of an intention of a thing.”(1a2ae.22.2.) Passions themselves are morally neutral and are part of what it is to be an embodied being. Unruly passions, out of reason’s control, are more closely related to the beasts than to humans.³⁷ When brought under the sway of reason, our passions are humanised. Good and evil, for humans, is understood in terms of being in line with reason. Passions tend toward good if they agree with reason or toward evil if they are out of line with reason.

³⁶ Ibid, pp.216-220.

³⁷ Etienne Gilson, *The Christian Philosophy of St. Thomas Aquinas*, (London: Victor Gallancz Ltd., 1957), p.286.

It is the moral virtues that deal with appetite. Appetite is the desire born from the perceiving of an object that is of interest to the life of the body. It is the seat of the passions, the place where the passions first start to stir, just as the seat of a wave is a disturbed patch of water that the wind catches. In 1a2ae.60, Aquinas deals with the relationship of moral virtue to passion. Passion is a movement of the sensitive appetite, whereas moral virtue is not a movement, but rather a principle of movement for an appetite. It is a mean between passions because its effects establish a mean between passions. "Virtue overcomes inordinate passion, yet it induces ordinate passion."(1a2ae.59.5.) Passions that are contrary to each other engage the same virtue. "For moral virtue consists in striking a mean, which mean between contrary passions is formed by one and the same note".(1a2ae.59.4.)

With respect to the form of appetite, there is a dual nature to its reactions, according to whether it has found itself face to face with useful or harmful objects. In regard to useful objects its behaviour is what is called concupiscible, having to do with what we desire and with what moves our affections. In regard to harmful objects, the reaction is called irascible, dealing with that which causes anger to rise within us and summons up our aggressive emotions. Passions fall naturally into these two groups.³⁸

The concupiscible passions revolve around love, which is the root of all passions. The human appetite is modified by some desirable object. This modification happens because the appetite takes pleasure in the object. The human and the object are compatible and there is an immediate experiencing of affinity - there is a pleasure or complacency that constitutes the passion of love. This prompts the appetite to want to take possession of the loved object.

³⁸ Davies, *The Thought of Thomas Aquinas*, p.272.

Given the context of this dissertation, it is worth spending time discussing the passions. Aquinas understood the passions as being the basic element that motivates the human to act and the material with which the moral virtues work.³⁹ There are six emotions that comprise the concupiscible passions. Aquinas pairs them in three groups. Each group has one emotion that is concerned with objects that are beneficial to us and help us to attain our happiness and one emotion concerned with objects that we find harmful or which interfere with our attaining a beloved object. Love itself has been discussed. Hatred is its opposite and causes us to reject what is harmful to us and to avoid what is evil. Desire is the emotion that occurs when the loved object is absent and prompts us to seek out this object. Its opposite is aversion, which is a feeling of repulsion that fills us at the mere thought of evil. Pleasure is the result that the object gives us once it is attained.⁴⁰ Pain is our response to the presence of evil.

The second group of movements of the sensitive appetite is the passions of the irascible. These are the more intense, fiery emotions which arise when we are presented with an obstacle to overcome in achieving our good or when trying to avoid an evil. There are five emotions that compose the three groups of the irascible passions. Hope is based on a desire of a future good and is characterised by the feeling that difficulties stand between our desire and its fulfilment. When hope becomes difficult to the point of appearing insurmountable, a form of hatred succeeds desire. The pursuit is abandoned and the person no longer wishes to hear the impossible good mentioned. This retreat from the appetite itself and the

³⁹ Timothy McDermott, in the glossary to 1a, 2-11 of the *Summa*, defines substance as “the most primary sense (or category) of being: that which exists without existing-in another thing. The word ‘substance’ is often used as equivalent to essence, a use which Aristotle called ‘second substance’ in contrast with ‘first substance’ as defined above.” Timothy McDermott, “Glossary”, *Summa Theologiae*, (London: Eyre and Spottiswoode, 1964), p.234.

⁴⁰ As was noted before though, pleasure is good when it is in line with reason and evil if it is out of line with reason.

accompanying rancour against the former object is despair, the second irascible passion. Fear and daring comprise the second group. Fear is a reaction of the sensitive appetite before a future evil the person imagines is present. It reaches its peak before a difficult evil that appears hard to avoid. Daring is fear's opposite. Instead of wilting before evil, it attacks it so as to overcome it. This is not the virtue of fortitude or courage because it is an impulse of the sensitive appetite and is not based on prudent calculations for success.

Anger has no contrary and stands alone in the third category. It is a reaction to a present evil whose effects the person is actually experiencing. It implies a hope of revenge, otherwise it is simply sadness. It does not will evil, as does hatred, but seeks to be avenged of evil. It is not the virtue of justice, but a substitute for justice in the passions. Anger is a blind passion that does not proceed from an objective moral judgement of reason.⁴¹

Temperance controls the concupiscible passions. Aquinas believed that the concupiscible emotions are ordered toward the same goals and do not require different virtues, "their movements follow one another in a certain order as having the same purpose" to achieve a good.(1a2ae.60.4.) The concupiscible passions all pursue the good and avoid evil. However, the pattern is not the same for the irascible passions. They are directed at different things. Daring and fear face danger and are controlled by the virtue of courage. Hope and despair confront a challenging good and so need the virtue of magnanimity (enterprise). Anger seeks to overcome harmful opposition and so needs the virtue of meekness.(1a2ae.60.4.)

It is in knowing these emotions that a better understanding of the patient's situation will emerge. By comprehending how chronic illness affects the patient's

⁴¹ Gilson, *The Christian Philosophy of St. Thomas Aquinas*, pp.272-286.

emotions, one will be better able to know which virtues will be most necessary. Aversion and pain, those emotions of the concupiscible passions, require temperance and its allied virtues that promote health, such as continence, sobriety, and fasting and their vices of incontinence, drunkenness and gluttony. Temperance is necessary for keeping one's mental health intact, for it considers good manners(which concerns play), honour, clemency, and humility and their vices of wrath, cruelty, and incontinence. The irascible passions are those intense emotions that will propel one to fight the bad effects of the illness. In this light, one looks to courage and its allied virtues of daring, magnanimity(enterprise), patience and perseverance. It will consider the vices or traps to avoid, such as fear, fearlessness, pusillanimity, and the vices opposed to perseverance, which are spinelessness and obstinacy. We can predict that these virtues and vices will be relevant to patients because of the natural law, which gives us some insight into what basic goods promote human flourishing and how their absence creates human suffering.

NATURAL LAW

The virtues are able to exist only because they rest on the natural law. Without the natural law, there is no way to define what is virtue and what is vice. Aquinas believes that, apart from simple acts with no moral bearing, which promotes the natural law is virtuous and that which acts against the natural law and deforms it is vicious. In fact, it is the natural law that allows us to understand what it means to be human, apart from our supernatural sense, and what actions allow humans to flourish.

The following section on natural law will be an overview because the subject is important enough to merit its own discussion in the following chapter. Natural law offers increased specificity in regards to what will bring fulfilment to a person.

The prescriptions of virtue ethics can be vague in that each person is different and will have different means for each virtue. Virtue ethics describes only a general good that is promoted by virtue. Natural law states that there exist several types of 'basic goods' which comprise human flourishing and fulfilment and through an in-depth discussion of the various goods of the natural law, more specificity can be applied to the cases of patients with chronic illness discussed in chapter five.

It is the goal of happiness that the virtues specifically promote. However, Aquinas must have some criteria for determining what is a virtuous action. It is not enough simply to decide that action X is an example of virtue Y. There must be some criterion for judging what constitutes a virtue. To discover this, Aquinas's wider ethical theory must be examined. To understand Aquinas's ethical theory in regard to the virtues, one has to look outside his writings on virtue. In the *Prima Secundae* of the *Summa* Aquinas formulates his theory of natural law. It is a system of primary and secondary principles, accessible to human reason, a reason that is an imperfect and rational participation in God's eternal law. Maria Carl, in her article "Law, Virtue and Happiness in Aquinas's Moral Theory", describes how law and virtue neither compete nor stand in need of reconciliation of each other in Aquinas's ethical theory.⁴² His theory of natural law and virtue is based on a theory of natural inclinations, and specifically the human inclination to reason. Carl argues that law and virtue are complementary because both law and virtue relate to reason and happiness.⁴³ The first principle of practical reason is concerned with human happiness or beatitude.(1a2ae, q.90. a.2) So, it is to happiness that the law must be

⁴² Maria Carl, "Law, Virtue and Happiness in Aquinas's Moral Theory", *The Thomist*, v.61, 1997, p.427.

⁴³ Ibid, pp.427-428.

referred.(1a2ae, q.90. a.2) The law is to order our action to the final end of happiness.⁴⁴

Carl believes there is danger in marginalising the importance of happiness and looking solely at primary precepts of natural law, found in 1a2ae, q.94.a.2. Aquinas states that there are several primary and self-evident precepts of the natural law. The first principle of practical reason is to do good and avoid evil. He says that what practical reason apprehends as good is naturally commanded by reason and then articulated in the form of practical precepts. These propositions are the primary principles of the natural law. What human reason apprehends as good are goods to which every human has a natural inclination. Humans are a natural substance and as such possess a characteristic set of inclinations arising from their substantial form, which is the rational soul. Aquinas believes that these “inclinations determine and define the natural and appropriate human goods.”⁴⁵ Humans are oriented to the preservation of life, procreation, gaining knowledge, and living in community. Carl believes that it is clear in this passage that happiness forms laws which are to guide us to happiness. The four basic natural law precepts define a complete essential definition of human nature because they specify our basic natural inclinations to ends or goods that arise from our human essence.

Aquinas describes the universal and self-evident first principles of natural law as “the seeds of the moral virtues.”(1a2ae, q.63.aa.1-3) He suggests that the principles of natural law are the principles of the virtues, meaning that natural law is prior both cognitively and ontologically to virtue. The purpose of the law is to lead humans to proper virtue. Because virtue is what makes a person good, it follows

⁴⁴ Ibid, p.429.

⁴⁵ Ibid, p.431.

that law functions to make those who follow it good. Law commands virtuous actions and prohibits vicious ones. Carl describes this relationship:

Specifically, the natural law commands acts that are suitable to human nature and forbids acts that are opposed to human nature; a virtue is a habit that disposes one to an act suitable to the nature of an agent and a vice is a habit that disposes one to an act contrary to the nature of the agent. Therefore, the acts that the natural law commands are the acts that generate the habits of virtue; and since the virtues in turn dispose to the same good actions ... the perfection of the virtues denotes that the agent also fulfils perfectly the precepts of the natural law.⁴⁶

Carl sees a two-fold relationship between the virtues and the natural law: the contents of the precepts are virtuous actions while the end or final cause of the precepts is virtuous dispositions. “Thus while the natural law is ontologically prior to virtue in order of generation as cause to effect, virtue is teleologically prior to law as final cause to that which is for the sake of the final cause.”⁴⁷ The virtues are perfections of our natural capacities or inclinations and are subject to the natural law. This is how one can determine what is a courageous or a temperate act. If an act causes one to veer from the natural law and not pursue one of the basic goods that fulfil and promote human flourishing, then it is not a virtuous act. If it causes one to act against the natural law, it may be considered a vice because it works against one’s achieving his/her full human potential, a potential that is achieved by following the precepts of the natural law. Having this knowledge allows Aquinas to continue to develop his theory of virtue, for the basis of determining what constitutes a virtuous act has been established.

As was mentioned earlier in this section, one of the benefits of the natural law is that it offers increased specificity in regard to human fulfilment. A natural law theory that heavily incorporates Thomistic theory is the ‘basic goods’ theory of Germain Grisez, Joseph Boyle and John Finnis, which will be adopted throughout

⁴⁶ Ibid, p.442.

⁴⁷ Ibid”, p.442.

this dissertation. While this natural law theory will be developed in full in the next chapter, it will be used throughout this chapter to help comprehend Aquinas's theory. The basic goods theory is derived from the works of Aquinas but not limited to them. In his *Aquinas*, Finnis states that his exposition often goes beyond what Aquinas states and that the basic goods theory uses Aquinas's work as a "point of departure for a free-standing philosophical treatment of ethical theory."⁴⁸

However, the two works are very complementary and a short summary of the basic goods theory will enhance an understanding of Aquinas's ethical theory. The theory deals with the first principles of practical knowledge and morality, the relationship of these first principles to other thought processes, the relationship of these first principles to the ultimate ends of human beings and the relationship of these principles to religion.⁴⁹

What is of interest to this dissertation is their list of the basic goods. The basic goods provide a concrete account of the inherent complexities of human nature. The basic goods are reasons for acting which need no further reasons for which to act. They are not contingent facts about human psychology nor an accident of history, but rather they are features which fulfil humans and which correspond to the complexities of human nature.⁵⁰ They fall into seven categories. There are basic goods deal with life, maintaining life, passing life on, health and safety. Other goods deal with knowledge and aesthetic experience. The goods that deal with people being both rational and animal are excellence at work and play. Harmony between individuals and groups concerns living in peace with others, cultivating our neighbours and possessing friendship. The basic good of inner

⁴⁸ John Finnis, *Aquinas*, p.ix, referring to Grisez's 1965 article, "The First Principle of Practical Reason", that appears to be the origin of the basic goods theory.

⁴⁹ Grisez, Boyle, Finnis, "Practical Principles, Moral Truth, and Ultimate Ends", p.100.

⁵⁰ Ibid, p.105.

peace desires no inner conflicts among our feelings and choices. The sixth basic good deals with peace of conscience and consistency between one's self and its expression. The final category of basic goods deals with peace with God or some nontheistic but more-than-human source of meaning and value. Basic goods constitute the end of natural law and will be referred to in further sections. There is not a hierarchy among the basic goods. They are different in irreducible senses and it cannot be said that one is meaningfully better than another.⁵¹ Human nature is inherently complex and we act so as to achieve these basic goods and achieve a sense of fulfilment.

Having this basic understanding that the natural law refers to happiness allows one the background needed to understand more fully Aquinas's concept of happiness.

HAPPINESS

Kevin Staley, in his article "Happiness: The Natural End of Man?", argues against some commentators on Aquinas who assert that Aquinas held no natural end for people, but either only the beatific vision or natural inclinations to finite ends which are directed toward a plurality of goods, not a unified state counting as true perfection.⁵² Staley writes that Aquinas thought that we are directed to one end, which is attained in a two-fold manner; naturally and supernaturally. I hold with Staley's approach: that Aquinas believed that the person's end is to attain an earthly happiness as well as attaining a supernatural happiness in the beatific vision. As I read Aquinas, this consists of a person possessing a unified state, working toward imperfect happiness on earth while at the same time working toward the

⁵¹ Ibid, p.137-139.

⁵² Kevin Staley, "Happiness: The Natural End of Man?", *The Thomist*, v.53, 1989, p.227.

ultimate goal of the beatific vision. The two goals are not separate but complementary. As we work toward earthly happiness, our work is informed by the theological virtues, which tells us as to what constitutes human acts: those acts which bring about our flourishing good as human beings. These same theological virtues make it possible for us to attain our ultimate goal.

Being indebted to Aristotle, Aquinas would have had difficulty in denying that people have an earthly end of attaining happiness, to which they are guided by the use of reason. However, as a Christian, Aquinas held to a belief in the supernatural end of humanity. This led him to transcend Aristotle's moral and social theory. He understood the grace of the theological virtues as perfecting human nature and only through knowing and possessing the ultimate good, God, can people be satisfied. All of a person's desires are directed to this end, and to attain this supernatural end, the person has need of supernatural virtues which are given through grace. It is a mistake to read Aquinas as supplementing Aristotle, with little of significance separating the two. Michael Haren properly notes that Aquinas understood people's perfection lying as the attaining of the beatific vision, for which grace is needed. Where Aristotle was concerned with earthly happiness, which Aquinas called 'imperfect happiness', Aquinas believed that true perfection came about in heaven.⁵³ To understand how people are to achieve this supernatural end, an understanding of the end is required. At the beginning of 1a2ae of the *Summa*, Aquinas turned his focus from systematic theology toward moral theology. He considered the nature of the person, and determined the person's end to be happiness, both heavenly and earthly. Brian Davies summarises Aquinas's belief that happiness:

⁵³ Haren, *Medieval Thought*, pp.181-190.

is not a matter of 'whatever turns you on.' It is something to be understood while bearing in mind that human life has a goal. It is an objective, the nature of which might not be at all obvious from consulting our feelings. In fact, Aquinas says, it is nothing less than God.⁵⁴

Human actions are not simply directed to this or that end which a human may perceive as good, but whether he or she realises it or not, the action is also performed in the pursuit of an ultimate goal. The goal, or final good, at which the person aims is God, for God alone deserves to be the final good at which one aims.

Aquinas decided that people act for an end. This determination is effected by the rational appetite, called the will. As was noted in the section on the passions, appetite is the desire born from the perceiving of an object that is of interest to the life of the body. It tends to the good, those things that fulfil the human being. Through use of their free will, which is the union of the faculty of will and reason, people move themselves to their end by the rational appetite. There can only be one last end, for "it is contrary to the nature of an end to proceed indefinitely." (1a2ae.1.4.) Nature tends to one thing only and the will is fixed on this last end, for everything desires its own perfection, "The ultimate end ought so to fulfil a man's whole desire that nothing is left beside for him to desire." (1a2ae.1.5.) Nothing will lull the will except the universal good that is God. (1a2ae.2.8.) This last end will fill the person's appetite, leaving nothing else for him or her to desire, so that the appetite will not tend to something else. Of necessity, it is for the last end that the person desires all he or she desires, and this, Aquinas believed, is for two reasons. First, whatever one desires, one desires it "because of its evidence of good" and if what one desires does not lead directly to one's perfect good, it at least tends to one's perfect good, for "every initial perfection anticipates the consummate perfection which comes with the final end." (1a2ae.1.6.) Secondly, the last end

⁵⁴ Davies, *The Thought of Thomas Aquinas*, p.228.

moves the appetite that is “the first mover with respect to other motions ... secondary causes do not set in motion except as set in motion by the first cause.”(1a2ae.1.6.) All people desire this last end of happiness, for it is in the nature of things to fulfil their perfection. “When men sin they turn away from that in which the idea of the ultimate end is truly realised, not from the intention of reaching it, which mistakenly they seek elsewhere.”(1a2ae.1.7.)

Happiness is two-fold. First, if one considers happiness in its cause and object, which is God, who is the thing itself we desire to attain, then the last end of people is an uncreated good. Secondly, if one considers the essence of happiness, which is the attainment or possession of the thing desired where one enjoys the thing desired, then the last end is created, for it resides in the person.(1a2ae.3.1.) Taken in its created sense, happiness is then an operation, where potentiality, implying imperfection, is actualised, implying perfection. By “a single, uninterrupted and continuous act our minds will be united with God.”(1a2ae.3.2.) Given that happiness consists in the knowledge of God, happiness will be found in the operation of the intellective part, and more specifically in the speculative intellect rather than in the practical intellect.(1a2ae.3.5.) Because happiness is an operation and is concerned with the person’s last end, it must be the person’s highest operation and highest power. This power resides in the intellect whose “highest object is divine good, ... the activity of contemplating the things of God is principally in happiness.”(1a2ae.3.5.)

Therefore, our:

last end and perfect happiness, which we await in the life to come, consists entirely in contemplation. But imperfect happiness, such as can be had here, consists first and principally in contemplation, but secondarily, in an operation of the practical intellect directing human actions and passions.(1a2ae.3.5.)

The goal of contemplation is considering the truth and seeks the principle of truth, which is God.(2a2ae.180.1.) In heaven the body is perfect because the happiness of the soul will overflow onto the body, so that it too will obtain perfection.(1a2ae.4.6.) The object of happiness is not bodily good, but bodily good will give a:

certain charm and perfection to Happiness. ... Although the body has no part in that operation of the intellect whereby the Essence of God is seen, yet it might prove a hindrance thereto. Consequently, perfection of the body is necessary, lest it hinder the mind from being lifted up.(1a2ae.4.6.)

True happiness in this life cannot be attained, because true happiness excludes every misery and each evil and fulfils every desire, which is impossible to achieve in this life. However, a person can achieve a certain participation of happiness in this life through the person's natural powers.(1a2ae.5.5.) Such earthly imperfect happiness can be achieved through having the proper external goods necessary for the operation of contemplative and active virtue, or in having the fellowship of friends so that he or she may do good to them and exercise his or her virtues on them.(1a2ae.3,7-8.) This imperfect happiness can be lost, such as when contemplative happiness "is lost either by forgetfulness, for instance, when knowledge is lost through sickness: or again by certain occupations, whereby a man is altogether withdrawn from contemplation."(1a2ae.5.4.) Concerning active contemplation, the person's will can change and fall from virtue to vice.

The dissertation, in chapter five, will concern itself with understanding how patients who suffer from chronic and sometimes debilitating illness can achieve an earthly happiness. This happiness will be achieved through the operation of the virtues that attempt to pursue the entire range of basic goods.

Finnis examines Thomistic happiness through the basic goods theory and states that happiness turns out to be "satisfaction of all intelligent desires and

participation in all the basic human goods (whatever they are), and thus a fulfilment which is complete and integral (integrating all its elements and participants)”⁵⁵

Happiness is about fulfilment, a fulfilment coming from attaining the basic goods.

None of the human goods amounts on its own to complete human well-being or fulfilment. The:

human condition would be not so much another, additional basic good as, rather, a state of affairs which, by excluding all lack and bad (deficiency in attainment of basic goods) and fulfilling every desire (for intelligible, basic goods) , would be satisfactory ... and lacking nothing desirable⁵⁶

Aquinas made it clear that there exists no state of affairs in the world that can bring about *beatitudo*, a good that fully and completely satisfies a human being. Yet, he does retain the concept of *beatitudo imperfect*, incomplete fulfilment. While the term appears to be paradoxical (*beatitudo* meaning perfect good), Aquinas is getting at a belief that each basic good is not going to bring one happiness and that no amount of earthly basic goods will bring perfect human fulfilment. Reason seeks “a more complete and coherent guidance-by-reasons-for-action than is supplied by a set of reasons for action considered *one by one*.”⁵⁷ Reason guides the practical principles and each practical principle directs a person towards a basic human good that is only one good among many and is incomplete:

Reason, then, seeks a more complete - one may say integral - directiveness not of each first practical principle taken on its own but of all taken together. That is to say, it is obviously desirable to make all one’s choices, actions, states of mind, and feelings harmonize with all the first practical principles taken integrally, .i.e., in their combined guiding force. This desirability is a source, a principle, of the integral directiveness of practical reason. Aquinas ... calls it the good of (practical) reason or reasonableness ... its significance for us is such that Aquinas can say that it is the proximate goal of our existence. Those who instantiate this good in their character and action have its intrinsic result, the good of virtue⁵⁸

⁵⁵ Finnis, *Aquinas*, pp.85-86.

⁵⁶ Ibid, p.104.

⁵⁷ Ibid, p.106.

⁵⁸ Ibid, pp.106-107.

Human fulfilment for Aquinas is the organising point of individual and social choice toward something attainable as far as is possible within the circumstances by one's own actions. This is virtue in action, meaning practical reason in action:

For virtue simply is the perfection of the human capacities involved in action, i.e., the powers of understanding and responding to intelligible goods and of choosing and carrying out one's choices well - a perfection which involves bringing those powers of intelligence, will, and (as sharing in rational choice and action) emotion into co-operative harmony with each other and with the human goods.⁵⁹

To achieve this imperfect earthly happiness, human fulfilment, or human flourishing requires training and discipline. This is why creating proper dispositions is important.

DISPOSITIONS

It has become evident by now that humanity has an inclination to goodness. What is needed is to learn the best ways in which particular goods can be realised in life, and this is from the practice of creating dispositions to seek out these goods. By the time Aquinas has addressed dispositions in the *Prima Secundae*, he has already discussed happiness, human action and its morality, and human emotion. He is now ready to move from understanding what constitutes human flourishing to how to achieve human flourishing. Creating proper dispositions is the first step. Aquinas's *habitus* is best rendered by disposition. In his introduction to his translation of Aquinas's work on disposition (1a2ae.49-54) Anthony Kenny gives one of the better descriptions of disposition:

The notion of disposition is best approached via notions of *capacity* and *action*. Human beings have many capacities which animals lack: the capacity to learn languages, for instance, and the capacity for generosity. These capacities are realized in action when particular human beings speak

⁵⁹ Ibid, p.107.

particular languages or perform generous actions. But between capacity and action there is an intermediate state possible. When we say that a man can speak French we mean neither that he is actually speaking French, nor that his speaking French is a mere logical possibility ... A disposition, said St. Thomas, is half-way between a capacity and an action, between pure potentiality and full actuality.⁶⁰

One's actions are not random. They are done voluntarily and their source comes from our dispositions. Aquinas quotes Aristotle's *Metaphysics* in defining disposition - "A disposition, says Aristotle, is a state which is either a good state or a bad state for its possessor either absolutely or relatively".(1a2ae.49.1.) Dispositions are qualities of a person which modify his or her substance.⁶¹ Our habits determine the manner in which we realise our own definition.⁶² Therefore we speak of dispositions as either good or bad in that they help us to flourish or cause us to deteriorate. Dispositions draw us closer to our telos or hinder us from attaining it. They are needed because many factors can combine in different ways to dispose the person in better or worse ways to achieve that telos.(1a2ae.49.4.) The dispositions condition the person to act well. This relates to the will. The will inclines a person naturally toward that which the reason deems as good. However, the will relies on dispositions to incline it more readily to the pursuit of these goods.(1a2ae.50.5.) Therefore, dispositions act so as to order our desires rightly. This is why they are of such importance to virtue, for virtue relies heavily on rightly ordered desires.

⁶⁰ Anthony Kenny, "Introduction", to Thomas Aquinas's *Summa Theologiae*, v.22, (1a2ae, 49-54), tr. Anthony Kenny, (London: Eyre & Spottiswoode, 1964), p.xxi.

⁶¹ Joseph Kotva gives a good description on how dispositions mould our character. "According to virtue theory ... we develop and help form our tendencies and dispositions through our choices and actions. Both those tendencies and dispositions also inform and direct our choices and actions. We are not, as the behaviorist account suggests, simply at the mercy of forces outside our control; we help form our own and each other's character. We also are not, contrary to the voluntarist account, free from the constraints of character. Past choices and actions influence the kind of persons we become, and the kind of persons we become informs our choices and actions." See Joseph Kotva, Jr., *The Christian Case for Virtue Ethics*, (Washington: Georgetown University Press, 1996), p.28.

⁶² Gilson, *The Christian Philosophy of St. Thomas Aquinas*, p.256.

While we have natural dispositions within us, as a general rule they develop from our acts. Usually, repeated acts are required to develop a disposition. If we do not use our dispositions they will weaken or be destroyed because there are no countermeasures to stop them from breaking down. Disordered appetites will arise and destroy virtue.(1a2ae.53.3.) From organising our appetites to desire the good, dispositions create habits, which are the basis of the virtues.

THE VIRTUES

Aquinas attempts to describe, classify and recommended all virtues possible to human perfection, while also listing their corresponding vices. Virtue is the topic of 211 out of 303 questions in the whole of the Second Part of the *Summa*. The other questions of the Second Part - the purpose of life, the human act, the passions, the law, have in view the goal, acts, matter and source of virtue.⁶³ It would do well to note before starting a discussion of the virtues that Aquinas distinguishes between natural virtues and moral virtues.(1a2ae.65.1.) Jonathan Jacobs gives a good summary of the Aquinas's doctrine. Moral virtues are different from natural virtues that exist in a person through a natural temperament. Moral virtue comes through habit, and is produced through a matter of knowledge, choice and character. Natural virtue may exist in a person through a natural inclination to perform certain deeds, such as being immune to anxiety over physical harm, yet this is not the same as possessing the virtue of courage. Natural virtues are not unified. A person's natural sense of justice may put him or her at risk by taking unreasonable chances, a sort of meritorious recklessness; however, this sense of justice is not integrated with other virtues. He or she lacks the prudence and moral virtues to

⁶³ Lehrberger, "Deontology", p.107.

carry out truly virtuous actions in other parts of his or her life. His or her action may mimic the action of a morally virtuous person, but this is by chance. Natural virtues are of less value than moral virtues in that they lack mutual reinforcement and orientation. They are unable to handle difficult cases, novelty or conflict. A natural virtue which prevails is a matter of relative strength of characteristics, not of right judgement and exertion.⁶⁴ This is worth remembering in chapter five, where a patient may appear quite stoical in regard to suffering. This person could have the natural virtue of courage that is not integrated into his or her whole personality.

Aquinas expands on Augustine's way of categorising virtue and vice. Augustine believed an agent may not be as good as his/her external actions appear, and so he developed three lists of virtues and vices: one for virtue and two for vices. Every moral virtue has its contrary and also a 'deceptive resemblance', i.e., prudence has imprudence as its contrary and craftiness as its deceptive resemblance. Craftiness is the prudence of the morally bad person. Similarly, thrift has prodigality as its contrary and miserliness as its deceptive resemblance. Miserliness is the thrift of the selfish person. Augustine believed a person's way of acting does not necessarily indicate a person's goodness, for a person acting with seeming prudence and thrift can in reality be crafty and miserly.⁶⁵ Contrast this with Aquinas who believed that each virtue has not one but several corresponding vices, for there was only one way to be good, and many ways to be wrong. He held that nothing could dispense us from our duty of honouring and trying to attain true excellence: the whole person was to be cultivated. A thing is good if it performs well its function, such as an eye that sees clearly. "Hence the virtue of a thing is fixed by the limit of

⁶⁴ Jonathan Jacobs, "The Unity of the Vices", *The Thomist*, v.54, 1990, pp.641-653.

⁶⁵ James F. Keenan, "The Problem with Thomas Aquinas's Concept of Sin", *Heythrop Journal*, v.35, 1994, pp.401-420.

which it is capable”(1a2ae.55.3.) It is “a good quality of mind ... by which one lives righteously ... of which no one can make bad use.”(1a2ae.55.4.) Rational activity is what characterises humanity and “Reason, or mind, therefore, is the proper seat of virtue.”(1a2ae.55.4.) Yet, on its own, reason is insufficient to ensure that we lead a moral life. A person is not good if he or she is good only in potential, but when he or she actualises his/her potential good. True virtue must be seen in action. An “act of virtue is nothing other than free choice well applied.”(1a2ae.55.1.) So, the person must not only be disposed toward acts which are proper to a creature with reason and made in the image of God, he or she must *act* like a creature possessing reason and made in the image of God. The natural dispositions toward the good must lead to habits and habits are put into action, and this is why true virtue must be result in action.

Virtues act to strengthen people’s adherence to their goal of a good life, for by nature humans are disposed to goodness.⁶⁶ The Fall may have changed a person’s perception of what the good is, but the fundamental orientation remains the same. Virtues are hardened habits, tendencies, abilities or capacities that make it easy for us to do certain things or behave in certain ways, they aid us in functioning to the best of our advantage, and they help bring out what is truly perfective of the person.⁶⁷ Aquinas writes that:

Human virtue is any habit perfecting man so that he may act well...there are but two principles in human action, namely the intellect or reason and the appetite ... Consequently every human virtue is necessarily perfective of one of these principles ... if it perfects man’s speculative or practical intellect in order that his activity may be good, it will be intellectual virtue, if it perfects his appetite, it will be a moral virtue.(1a2ae.58.3.)

⁶⁶ Timothy McDermott, *Summa Theologiae: A Concise Translation*, ed. Timothy McDermott, (London: Methuen, 1991), p.220.

⁶⁷ Davies, *The Thought of Thomas Aquinas*, p.239.

This statement demonstrates Aquinas's belief in the intellectual and moral virtues, about which more will be written later. These are the virtues about which Aristotle wrote in the *Nicomachean Ethics*. It is these virtues which allow people to live a life of earthly happiness. If cultivated, they allow people to fulfil those characteristics which produce a contented state and are inherent in people - to take enjoyment in contemplation of the higher things in life, fulfilment in learning a trade well which can also provide security for the craftsman's family, gratification in living a temperate life which is conducive to the health of body and mind, pleasure in cultivating an amiable personality which attracts good friends, and satisfaction in acting with justice toward all one meets. These are qualities that are pleasing to all people, and which will cause people to feel happiness in their life. Brian Davies provides a good summary:

According to Aristotle and Aquinas, human beings are things of a particular kind. Considered as such, they have particular needs that they must satisfy in order to function to the extent of their capacities. Reason can perceive these needs and, insofar as people act in the light of reason to satisfy them, they act well and are good. Insofar as their reason is impaired, insofar as they neglect these needs, they are diminished or thwarted and, therefore, bad in some respect. Insofar as they function to the extent of their capacities, they are living the best life possible this side of the grave, and, in this sense, are happy.⁶⁸

However, to concentrate first on the intellectual and moral virtues is to fall into the trap of seeing Aquinas through Aristotelian eyes, mentioned near the beginning of the chapter. The theological virtues change the complexion of the virtues. Aristotle understood the virtues as leading to a happiness which was earth-bound. Aquinas perceived the virtues as leading to an imperfect happiness that is earth-bound, but also to a perfect happiness which exists in heaven. The theological virtues allow us the opportunity to achieve this perfect happiness; however, not on their own. The moral and intellectual virtues are still required. In

fact, it would not be possible to possess the virtue of charity and lack the moral or intellectual virtues, for charity is the form of all the virtues.⁶⁹ One should not think of two sets of virtues existing side by side: one set of theological virtues which serve to allow people to attain their heavenly end and a set of intellectual and moral virtues which allow people to achieve their earthly end, each serving their own purpose and not having any inter-relation. Rather, the theological virtues are the most important of the virtues and stand at the head of all other virtues. Through them, the other virtues flow and take their shape. To understand this, it is first necessary to understand the theological virtues.

We can understand faith, hope and charity as the height of the process taking place between God and the person. The virtue which strengthens the person's mind to see the truths that God alone sees is faith; the virtue of hope helps to adapt the person's will toward the end of seeing God; the virtue of charity occurs when the person's will wants to cleave to God and achieve a spiritual union. Charity is a friendship with God and love of neighbour and it is the greatest virtue for it approaches closest to God. These infused virtues allow us to flourish in more than a basic human way, the way in which Aristotle's virtue ethics operate. The cardinal virtues of fortitude, temperance, justice and prudence equip people to live a happy earthly existence. However, God has created us so that we can possess more than a happy earthly existence. We are called to something greater. People are created so that their happiness rests in God, not in any earthly possession. We need to possess God, and the theological virtues are the grace given to allow us to

⁶⁸ Ibid, p.231.

⁶⁹ Form is defined as "that which brings determination to matter; the definiteness and intelligible 'shape' of a thing." Timothy McDermott, "Glossary", *Summa Theologiae*, (London: Eyre and Spottiswoode, 1964), p.232. Charity is a key part of any definition of virtue. Love of God and neighbour, and a desire to be like God and to help our neighbour are constitutive of a Christian understanding of the virtues.

achieve that. We cannot achieve this ultimate end on our own.⁷⁰ This is why the theological virtues are distinct from the intellectual and moral ones, for whatever surpasses human nature is distinct from human nature. “Faith, hope and charity surpass human virtue, for they are virtues of men as made partakers in divine grace.”(1a2ae.58.3.) “Our reason and will by nature go out to God in that He is the cause and the end of nature ... Yet, this is not enough for them to reach out to Him as the object of supernatural happiness.”(1a2ae.62.1.) The theological virtues raise people up “above their nature to a point where they become sharers in the divine nature.”⁷¹ Prior to the Fall, people possessed knowledge of the beatific vision. With the Fall, we have lost it and much of our knowledge about God has been destroyed. After the Fall, the theological virtues give us this knowledge and ability to become close to God.

Aquinas believed that the theological virtues drew the person closer to God and served to make the person more human. Humans are made in the image of God and their telos leads them to the beatific vision. There is an intimate relationship between God and humans, and that which draws the person toward God serves to make the person more human, meaning more divine-like. As the person becomes more united to God, so the person becomes more human in the sense that he or she fulfils his/her telos. The non-theological virtues now become directed toward a different end, experienced and lived out in a different way, but still grounded in the same faculty of the soul and still concerned with the same matters as Aristotle’s. The intellectual and moral virtues are now also pointed toward heaven rather than only toward earthly life. This acts to cause the virtues to

⁷⁰ Davies, *The Thought of Thomas Aquinas*, p.263.

⁷¹ Ibid, p.263.

consider what is truly fulfilling of humankind. We act with justice toward our neighbour not only because it is fulfilling of earthly happiness, but because the infused virtue of charity prompts us to act with such justice. All other virtues are filtered through charity. It aids us in our wish to be drawn closer to God, and thus Aquinas believes charity becomes our main motivation in that it helps us in achieving this desire and is of such fundamental importance to us, so integral to our being, that it affects, colours and filters all the other virtues.

Finnis writes that after taking into consideration the implications of theological beliefs, the moral principle of love-of-neighbour-as-self, changes:

the master moral principle or first precept of the natural moral law...can now be more adequately stated: one should love one's neighbour as oneself by reason of the divine good as it is participated, reflected, and imaged in that neighbour as in every human being - a goodness that can be both respected and nurtured in those in and for whom one can do good. In short, one is to love one's neighbour as oneself on account of, and (so to speak) for the sake of God ... whom we all should seek (and help each other to seek) to resemble and adhere to, and whose glory all human beings have the capacity to share.⁷²

Charity gives us the prompt to act with fortitude, temperance, prudence, and justice because we love God and want to cleave to Him, become more like Him. This transforms us, and transforms our motives for acting. Charity, or love of and friendship with God, is then found in every other virtue. It permeates it and changes its quality. The outcome of a virtuous action would still remain the same; however the difference is in the noetic level. This means that one's motivation is different. One understands one's reason for acting in a different light. The moral virtue of liberality is no longer solely guided by wishing to offer aid to those in distress because it is inherently natural and fulfilling that humans aid other humans, but because charity concerns love-of-neighbour-as-self. The reference point for our

⁷² Finnis, *Aquinas*, p.314.

actions is no longer found within the architecture of human nature, but also in God's nature, of which we reflect and are called to reflect more completely.

The intellectual and moral virtues have thus taken on a new role. They aid us in achieving the beatific vision. One may ask if this is really a different role, for instead of being the means of attaining earthly happiness, they now also aid in achieving the beatific vision. The role appears fundamentally the same. But these virtues are reoriented. The virtues of Aristotle were formulated with the concern being only what is necessary to achieve earthly happiness. They did not consider the architecture of human nature as being made in the image of God, for they saw human nature as only concerned with earthly life. The gods were to be contemplated and the person aspired to live a life worthy of the gods, but that was the extent of Aristotle's theological discussion in the *Nicomachean Ethics*. With Aquinas, God is seen as inherent in the architecture of human nature, so intellectual and moral virtues would be qualitatively different in that when the person is trying to realise his or her telos, which makes him/her fully human, he or she is becoming at the same time more in the image of God.

In their role of helping us to become more in the image of God, the moral and intellectual virtues work in tandem. The intellectual virtues give one the ability to discern which is the proper course of action to take while the moral virtues enable one to carry out the act. The intellectual virtues are more than an apparatus deciding on virtuous action. In fact, they have their own virtue for dealing with that - prudence. The intellectual virtues are divided into the speculative and the practical. The speculative is composed of the virtues of understanding, science and wisdom. Understanding is about the grasping of basic principles of reasoning, science is concerned with good reasoning using these principles to arrive at truth

regarding different kinds of things in the world, and wisdom is interested in good reasoning concerning the highest and last causes in the world, namely God.⁷³ In order of rank wisdom contains and rules knowledge and understanding. It judges understanding and its principles, and knowledge and its conclusions.⁷⁴ While these virtues do not appear to meet the criterion that virtue must include some form of outward human action, they are virtues in the sense that they make us capable of good activity, namely considering the truth. However, unlike moral virtues, they do not ensure right activity.

The practical intellect is composed of the two virtues of art and prudence. Art, or 'craft' would be a better word, is correct reasoning about things to be made and prudence is correct reasoning about things to be done and aims at the good of the agent.⁷⁵ One function of practical reason is described as moving from a major premise, expressing a general rule or principle, such as formulated by the speculative intellect, to a minor premise appraising one's particular circumstances in light of a principle. The conclusion as to what to do is the command of prudence. When one fails to follow this command, it is because he or she is not appetitively disposed to follow it.⁷⁶

Prudence is then an intellectual virtue and a moral virtue, or perhaps *the* moral virtue, for it takes the reason of intellectual virtue and applies it to the appetite of moral virtue. The analogy of an hourglass can perhaps explain the role of prudence. One end of the glass is the intellectual virtues and the opposite end is the moral virtues. Prudence could be considered the small portal through which the information gathered and considered by the intellectual virtues is processed and the

⁷³ Davies, *The Thought of Thomas Aquinas*, p.241.

⁷⁴ Gilson, *The Christian Philosophy of St. Thomas Aquinas*, p.262.

⁷⁵ Davies, *The Thought of Thomas Aquinas*, p.241.

⁷⁶ McInerny, "Ethics", p.206.

prudent action is passed onto the moral virtues. The decisions of the intellectual virtues pass onto and affect the moral virtues. The result is an intellective and affective disposition to perform the proper virtuous action. Our desires are properly ordered and our whole being earnestly wants to perform the proper action. The command of prudence then informs the actions of the moral virtues, deciding how and when the appropriate action is to be undertaken. Prudence is about being competent at applying general principles of morality, especially when these principles clash. It is about right judgement concerning things to be done, implying that actions are to be undertaken. So, prudence cannot exist without the moral virtues. Without prudence, one cannot have moral virtues, for moral virtues are concerned with doing the right thing in the right manner at the right time, and it is the virtue of prudence that gives this ability. Moral virtues are needed because people live in a material world, one in which the passions become either enflamed or smoulder out, tending to either excess or defect, and urge one to either overact or not act with enough vigour. As for the theological virtues, prudence is connected to them in that the theological virtues assist one in understanding what actions are prudent. As was said earlier, the theological virtues allow us to operate in a more than basic human way. Our happiness rests in becoming like God, and prudence, informed of this knowledge through the theological virtues, allows one to make truly prudential decisions, those decisions which allow us to achieve this happiness. An example could be providing food for the hungry. Without the theological virtues, one could perform this action motivated by the virtues of justice and compassion, believing that it is just that each person has an adequate supply of food. The theological virtues inform the decision in the same manner, but from a

different angle. That person deserves such a basic right because he or she is our brother or sister in the family of God and as a child of God, is worthy of such acts.

Prudence is the first of the cardinal virtues. The other three are justice, temperance and courage. The entire structure of good works is built on these four virtues. They alone provide the ability to act rightly and to accomplish the good. They may be considered to fulfil perfectly the definition of virtue. All other moral virtues can be put under these four headings.(1a2ae.61.1.) The four cardinal virtues are considered to be principal because they are common to all moral virtues. Any virtue causing a good judgement of reason may be called prudence, every virtue causing action to fulfil what is right or due is called justice, every virtue restraining and taming the passions is called temperance, every virtue strengthening the mind against the on-set of passions which could cause one to act out of line with reason is courage. Aquinas gives a description of how they interact. Prudence judges or perfects reason itself, justice puts reason into what we will so that we will to do the just thing, which is also the reasonable thing. Sometimes, we are caused by our emotions to resist reason and temperance introduces restraint on our passions. Other times, fear of danger or hardship causes us to want to shrink back from what reason dictates and we need courage to be steadfast.(1a2ae.61.2.)

All the moral virtues are contained under these four virtues. The other virtues share, in some sense, the essence of one of these virtues. They utilise some aspect of the essence of a cardinal virtue in regard to a specific circumstance, such as the virtue of humility being a form of temperance in so far as it restrains immoderate hope and holds these hopes within the bounds of reason.

The cardinal virtues are more than headings under which the virtues are grouped. They are virtues in their own right that deal with primary subject matters commanding right action. In other words, it is not the case that all the virtues that

deal with moderating the passions come under a heading entitled temperance, where temperance is simply a descriptive title. The virtue of temperance itself exists, and the virtues under it are species of temperance. Because much of chapter five will be addressing the moral virtues, the cardinal virtues deserve a closer examination.

Prudence has been discussed in the above paragraphs. Justice is a virtue of will concerned with relating to others as well as oneself. The seat of justice is therefore found in the will.(1a2ae.61.2.) It is a paramount moral virtue, the most distinguished of virtues because it is the one most closely allied with reason. Justice is about deeds whereas temperance and fortitude are about passions. One aspect of justice is about rendering to another his or her due. “All moral virtues about human action share in common this general characteristic of justice, that it gives what is due to another.”(1a2ae.60.3.) The order of reason in this regard is established in external actions with reference to the action being fitting in itself, not with reference to the person’s internal feelings.(2a2ae.58.9.) Justice is generally agreed to be about paying what is due, and so the virtues are actions that in some way bear the character of justice.(2a2ae.58.11.)

Therefore, justice distinguishes itself among the virtues by the fact that it governs relations among people.(2a2ae.58.2.) It is a virtue because the effect of the disposition justice creates in the individual is to ensure that the person acts rightfully toward another according as reason would have him or her behave. It renders its possessor better, which is the nature of virtue.(2a2ae.58.3.)

Aquinas believes that a just person, through ignorance or error, can commit an injustice and still be just. He or she can be fundamentally just, yet be led by anger or covetousness to commit an injustice. The person is just but has wrongly forgotten to appeal to his or her sense of justice when he or she should be doing so.(2a2ae.59.2.) The person does not lose his or her sense of justice, but shows it to

be incomplete and still lacking the constancy of a true virtue.⁷⁷ Aquinas's thoughts on this matter are close to Aristotle's explanation of the incontinent person.⁷⁸

The virtue controlling or restraining our affections is temperance. The concupiscible power, therefore, is the seat of temperance.(1a2ae.61.2.) One of reason's most important functions is to introduce moderation and balance into all things. Temperance is exercised on anything that threatens these qualities of moderation and balance, such as covetousness or jealousy. It is particularly exercised on the sensitive appetite, activities such as drinking, eating, and sex.(2a2ae.141.4.)

Temperance does not seek to eliminate these pleasures, for sensible goods taken by themselves are not bad. They are instruments of reason and are to be used to attain proper ends. Measure is a key word that can be associated with temperance. This is why temperance is a cardinal virtue. Measure enters into the very notion of virtue.(2a2ae.141.2.) We need to measure our actions and see if they are in line with reason.

Courage deals with aggressive emotions, and finds its seat in the irascible power. Its job is to strengthen the mind against the onset of passions and to help our virtues become resistant to change. One of the essential attributes of virtue is that virtues are supposed to become permanent dispositions. This is why courage is a cardinal virtue, for it gives the individual the courage to stand up to danger or difficulties and to act effectively in the face of it, thus controlling fear and ensuring some stability and continuity in the person's action.⁷⁹ The person is thus able to follow the law of reason by allowing him or her to possess the will, or desire, to pursue the good that reason insists on, despite the difficulty or danger.(2a2ae.123.2.)

⁷⁷ Gilson, *The Christian Philosophy of Thomas Aquinas*, p.308.

⁷⁸ Aristotle, *The Nicomachean Ethics*, pp.163-165.

In engaging the virtue of courage, the person usually holds his or her ground rather than rashly attacks out of fear. Its object is to overcome fear and restrain rash audacity that tends to get a person into unnecessary trouble.(2a2ae.123.6.) A calculated attack is made “when it is necessary to eliminate difficulties in order to win safety for the future.”(2a2ae.123.3.) Courage keeps in mind the distant end and keeps the consistency needed to achieve this end.⁸⁰

The last point under virtues, of especial relevance to this dissertation, is the unity of the virtues. The idea behind the unity of the virtues is that one vice present in a person implies a unity of vices. There is no chance of a person being virtuous who has the vice of imprudence, for prudence is at the very heart of making a virtuous action.⁸¹ The corruption of a vice involves the contributing corruption of other vices. One cannot be just without having prudence to understand what the just thing is, and the courage to carry out the just action. One must possess prudence and courage to possess justice. This does not mean that a virtuous person will never perform an unjust act and that the performance of that act shows the person to lack the virtues. Aquinas notes that one act does not engender a habit and also one act does not necessarily destroy a habit.(1a2ae. 71.4.) The unjust act of a just person is an act that is out of character and does not entail defects in other moral virtues. It is simply an incontinent act, done for a variety of reasons. An incontinent act is one which is out of line with a person’s normal actions. It could be that the person believed he/she was performing a just act but was acting on a

⁷⁹ Davies, *The Thought of Thomas Aquinas*, p.244.

⁸⁰ Gilson, *The Christian Philosophy of St. Thomas Aquinas*, p.290.

⁸¹ Jonathon Jacobs, “The Unity of the Vices”, p.644. In a very good article on this area, Jacob states that Peter Geach argues against the unity of the virtues. He does not believe that a person’s habit of sound moral judgement is vitiated everywhere once it is vitiated somewhere. People do not possess that degree of vigorous consistency. A defect of imprudence may not spill over and affect the other virtues. Jacobs believes that this type of inconsistency is possible, but that it does not demonstrate that the virtues are not unified. Jacobs believes that natural virtues could override defects in moral virtue.

mistaken assumption, that little thought went into the action, or that strong emotions shrouded reason for a short while. The incontinent person will realise the mistake that was made and feel bad for performing such an action. The vicious person will either realise the evil of the act and take enjoyment in the evil, or will be so degenerate in the virtues that no notice or care is taken concerning one's actions.

What is of significance to this dissertation is the importance of the unity of the virtues. A person needs to strive to achieve all the virtues in order to flourish as a human being. The virtues work so as to fulfil our human nature. Any occupation, lifestyle or illness that interrupts the ability to pursue these basic goods will have a bearing on one's happiness. The problem with chronic illness, or any illness, is not only that it may limit one's ability to pursue certain basic goods, but that the sufferer may so fixate on the illness that other basic goods not impaired by the illness are ignored and the illness becomes definitive of the person's personality. A disease that caused difficulty in pursuing several areas of life now spreads its pernicious effects to many areas of life, causing the sufferer to withdraw from pursuing other goods. This hypothesis will be examined more closely in chapter five, through an analysis of interviews with patients with chronic illness.

To summarise, the virtues are concerned with keeping one's appetites in order concerning human nature. Human beings were created with an architecture in their nature. When this architecture is realised, the result will be happiness: both a happiness on earth and in heaven. The virtues, thus, operate to fulfil the person's telos. Reason, which is the feature which distinguishes humans from other forms of life, allows people to recognise their end and how best to achieve it. Human beings were made to live a life of reason. The virtues allow a person to recognise when an action is in excess of or deficit with what is worthy of their human nature. Reason lets people have control over their appetites and properly order them. This enables

people to be more free and able to be themselves as created by God and ordered toward him.

AQUINAS ON ILLNESS

Given that this dissertation applies Aquinas's virtue ethics to patients with chronic illness, it is necessary to examine what Aquinas says about illness. In several places in the *Summa*, Aquinas states that some people are denied the opportunity to achieve happiness on this earth. This appears somewhat startling, considering that life is supposed to be a gift from God which is to be enjoyed. Aquinas gives two reasons for why some people will never be happy. First, the imperfect happiness available to a person in earthly existence resides in the activity of virtue and ill health limits one's ability to pursue the full range of virtues.(1a2ae.4.6.) Second, illness or other grave burdens can encumber the mind's contemplation. Imperfect happiness is lost when disease attacks one's consciousness or when one becomes absorbed in something else.(1a2ae.5.4.) One of Aquinas's claims is that the heavy physical or mental burdens that some people carry are too great an obstacle to overcome in the attempt to achieve happiness.

His assertion is worth examining for several reasons. There is the theological consideration concerning why God would create a human being incapable of sharing in some form of happiness. Aquinas might answer this by saying that the Garden of Eden created by God for use by humans beings is a far different place than the world created through the original sin of Adam and Eve. Before sin, the person was immortal. Aquinas quotes Augustine: "God made man to enjoy a green immortality as long as he did not sin, so that he would be responsible for his own life or death himself." (1a.97.2.) God equipped the human soul with a supernatural force capable of preserving the body from decay, provided

that the soul remained submissive to the will of God. There would have been no suffering in Eden, because if the person were liable to suffer, he or she was liable to decay. If humans had persisted without sin, suffering and death would have been kept away.

There is also the theoretical question on whether the role of Aquinas's virtue ethics is to aid such people in overcoming adversity and achieving happiness by summoning the irascible passions. The irascible passions are meant to fire up one's determination to meet and overcome arduous tasks. Therefore, they should be able to motivate a person to surmount any task. Aquinas, ever the realist, would recognise that in some cases, a human, through intense physical, mental or social conditions, simply lacks the resources to make it over the hurdles necessary to achieve a form of happiness. The obstacles and burdens that some people have to overcome are so great that one must hope for the grace of God to assist the person in achieving happiness.

What does Aquinas's thought on illness and its relation mean to the sufferers of chronic illness? The first section will consider his statements on illness. These are scarce, but they suggest that illness is evil because of the effects of the pain associated with illness. The second section concludes that great pain robs a person of the ability to exert reason and control over one's life and goals, thereby reducing one's capacity to contemplate and to pursue the intellectual and moral virtues which allow one to flourish and achieve happiness.

Aquinas's Statements on Illness

In the first section of the *Summa*, Aquinas considers whether the body is suitably constructed for its purposes. Bearing in mind that the primary function of

human beings is to know and to worship God, and that to achieve this end the proper use of reason is needed, Aquinas answers that:

the immediate purpose of the human body is to serve a rational soul and its activities ... God has established the human body with the best possible constitution to fit it for this kind of form and this kind of activities. And if there seems to be any fault in the human body's constitution, it must be taken that such a fault is a necessary consequence of the material used to give the body its required adaptation to the soul and the soul's activities.(1a.91.3.)

The body is to serve the use of right reason. For that reason, happiness does not centre on the person's body. Aquinas writes that the person is destined to an end beyond him/herself and the final goal of one's will and reason is not continued earthly existence but rather enjoying the vision of God. The body exists for the soul whereas the soul can exist without the body. "The body is to soul, as matter to form, and instruments for a principal cause to work through."(1a2ae.2.5.) The body does enter happiness in the sense of being a necessary vessel, because "happiness comes through the activity of mind, theoretical and practical, which cannot be performed without imagination".(1a2ae.4.5.) One needs a body to house the mind in order to be able to exercise imagination.

Therefore, Aquinas believes that happiness does require some perfection of the body. He writes "If you are speaking of happiness in this life, then manifestly health of body is postulated. For such happiness lies, as Aristotle says, *in the activity of full virtue*, and certainly ill-health can put a stop to this altogether."(1a2ae.4.6.)

Bodily health is a necessary condition for happiness and Aquinas quotes Augustine:

if the body be such that the governance is difficult and burdensome, like unto flesh which sickens and weighs upon the soul, then the mind is turned away from that far vision in high heaven ... when the body no longer be animal but spiritual, then it will match the angels, and that will be glory which erstwhile was a carcass"(1a2ae.4,6.)

Through illness the body can hinder the ability to concentrate, thereby proving a deterrence from achieving happiness.(1a2ae.4.6.ad.2.) When this happens, the imperfect happiness that one may possess can be lost. “This appears alike to contemplative felicity which can fall into oblivion, as when disease attacks consciousness, or it can be displaced by other pre-occupations which can be completely absorbing and distracting.”(1a2ae.5.4.) The chief evil affect of illness appears to be that it hinders the person’s ability to make full use of one’s mental capacities, for either the mind itself suffers from illness and does not function properly or the physical affects of an illness are so consuming that one’s mental resources are spent coping with the effects of the illness.

However, there is still some delight to be had. In courageously enduring suffering, the person takes some pride in knowing that it has been endured courageously, while still having physical pain and mental suffering:

But keen physical pain makes it impossible to experience the soul’s delight in virtue – except perhaps through the boundless grace of God, which exalts the soul too powerfully to divine delights for it to be troubled by physical punishments ... Now the virtue of courage ensures that the reason is not submerged by physical pains. Delight in virtue prevails over the soul’s pain, in so far as man puts the good of virtue before physical life and all its attributes.(2a2ae.123.8.)

To summarise, Aquinas understands reason to be the dominant feature of the human being, separating people from animals. While plant life consists in nutrition and reproduction, animal life in sensation and movement, the life of humans consists in intellectual knowledge and action that is in accord with reason.(2a2ae.179.1) Illness is relevant to the life of humans for two dominant reasons. First, illness can interfere with our ability to reason and contemplate and impair the functioning of the intellectual virtues. An illness may cause the mind to turn from contemplating the higher things in life and focus on the suffering of the body. He writes that:

In the brave man, sadness of soul is overcome by the delight of virtue. But because physical pain is more palpable, and because man is more aware of what his senses experience, spiritual delight in the ultimate purpose of virtue *fades away, as it were*, before the immensity of physical pain.
(2a2ae.123.8.ad.3.)

Second, illness may impair the ability to pursue and attain the moral virtues and thereby it limits the flourishing of the human being. The result is that some people carry such a serious illness that they are incapable of pursuing either the intellectual or the moral virtues in any fulfilling manner. What solace there is to be taken derives from knowing that one has faced the tribulation with courage and made the most out of a bad situation.

The question of this section is to see if his beliefs are in accordance with the experiences of people with chronic illness. That fact that 54.3%⁸² of people with a disability state that they possess a good to high quality of life poses a challenge to Aquinas's argument that those with heavy physical and mental burdens will not be able to achieve happiness. In his favour, in his time, people with severe cases of arthritis would have not had modern drugs or treatments to moderate the severity of the disease. The disease could have been all consuming, allowing neither the ability to work and play, nor indulge in contemplation when the pain was too severe. One imagines that their life was their illness. In extreme cases, the chronically ill would not be able to find gainful and rewarding work, nor indulge in play, nor pursue many meaningful relationships with others, nor pursue any of the virtues that would let them experience the different facets of life open to a healthy individual. They were not able to marshal their forces to continue on with their own agenda or goals. Rather, they would be like a boat adrift in the ocean, which

⁸² Gary Albrecht, Patrick Devlieger, "The Disability Paradox: High Quality of Life against All Odds", *Social Science & Medicine*, v.39, 1999, p.977. Disability and chronic illness are overlapping but distinct concepts. Disabilities do not necessarily imply pain, whereas many chronic illness appear to have pain as an inherent part of the concept of chronic illness.

goes where the currents take it, being able to impose nothing of its own will in being able to steer a desired course. In his own period, Aquinas was correct in saying that there was no opportunity available to some people because of a severe and chronic illness. He was correct because we can say the same thing today. Psychological interventions are found to be least effective on the very physically ill because they find it difficult to concentrate and engage in treatment.⁸³ We can apply Aquinas's words to the present that "keen physical pain makes it impossible to experience the soul's delight in virtue- except perhaps through the boundless grace of God, which exalts the soul too powerfully to divine delights for it to be troubled by physical punishments." (2a2ae.123.8.)

In the same question from which this quote comes, Aquinas raises another point which is of relevance to current studies in disability and chronic illness. Aquinas asks whether the courageous person takes delight in his or her acts, and he replies that there are two types of delight. (2a2ae.123.8.) Bodily delight is felt through physical contact whereas the delight of the soul flows from exercise of the virtues. In bravely enduring suffering, a person takes some delight in knowing that he or she has endured it courageously, while still having grief in his or her soul when the loss of goods and the pains of the soul are reflected upon. The illness acts as an obstacle to be overcome in the attempt to pursue happiness. Some happiness occurs from performing well given the circumstances of the illness. The body has to be taken into consideration. This is similar to what people with chronic illness report doing in order to achieve happiness. "Disability becomes a job where persons must marshal their entire resources and give their best efforts to succeed.

⁸³ Elspeth Guthrie, "Emotional Disorder in Chronic Illness: Psychotherapeutic Interventions", *British Journal of Psychiatry*, v.168, 1996, p.267.

Satisfaction is derived from doing a good job with one's life."⁸⁴ Happiness in this context arises out of doing well considering the circumstances that are imposed by chronic illness. It comes from re-establishing a feeling of being in control of their existence and pursuing it for reasonable ends, which is in accord with what Aquinas believes are actions worthy of a human being.

When Aquinas states that great pain can lead to conditions where happiness is an impossibility, he means a pain so intense that it disorganises the sufferer's life so that all other goals and values in a person's life become irrelevant. The sufferer is at the mercy of the illness, and must go where the illness leads him or her, exerting little rational control over his/her existence, but merely trying to relieve the pain. This is one of the reasons why Aquinas holds that one in great pain cannot be happy: that loss of rational control is not a desirable human condition, but rather is one worthy of animals.

To summarise, both Aquinas and patients with chronic illness believe that when pain becomes great, happiness is not to be had, for one's existence is robbed of reason and the ability to control one's actions. Happiness derives from being able to pursue the virtues that promote human flourishing. These virtues are still attainable to those with chronic illness without severe pain. The difference is that while the non-disabled person has the ability to define his or her goals without the limitations imposed by consideration of poor health, the disabled person has to gauge his/her goals by considering the limitations imposed by a chronic condition, and then doing a reasonable job of attaining these goals. So it is not illness itself that can deny one the opportunity for unhappiness, for the ill person has the

⁸⁴ Albrecht, Devlieger, "The Disability Paradox", p.983.

possibility of happiness. It is the presence of intractable pain that closes all avenues to enjoying life that denies one happiness.

CHAPTER FOUR

NATURAL LAW AND BASIC GOODS: A GROUNDWORK FOR UNDERSTANDING PEOPLE’S NEEDS AND DECISIONS

INTRODUCTION

In the area of Christian ethics, one of the topics most attacked and defended is natural law. For centuries it has been considered a keystone of Catholic moral theology, yet it has its fair share of critics within the Catholic Church.¹ Widely condemned in Protestant ethics, it has a surprising number of defenders within Protestant circles.² However, while critics have been sounding natural law's death knell for some years now, the sustained debate and interest in natural law demonstrates the enduring influence this ethical theory possesses in the field of Christian ethics and moral philosophy.

There are various versions of natural law. One cannot talk of *the* theory of natural law. Any core, however, will be composed of statements of basic moral principles that are in some sense accessible to reason, objective and based on human nature.³ Natural law makes four basic claims.⁴ The first is a claim of the existence of an objective moral order. Morality is grounded in reality. Some actions are right or wrong because there exist certain moral obligations that cannot be created at will. This objective moral order is not a fleeting thing. The acceptance of an objective moral order means that once the object of an act is determined to be immoral, then no circumstances or intentions can make it moral. This situates natural law in opposition to situation ethics or voluntarism where the will of the

¹ For a good summary article of Catholic opinion, see G.J. Hughes, "Natural Law Ethics and Moral Theology", *Month*, v.20, 1987, pp.100-103.

² For a good summary of Protestant thinking on natural law, see James Gustafson, *Protestant and Roman Catholic Ethics: Prospects for Rapprochement*, (Chicago: University of Chicago Press, 1978), pp.80-94, or see Carl F.H. Henry, "Natural Law and a Nihilistic Culture", *First Thing*, v.49, 1995, pp.54-60.

³ D.J. O'Connor, *Aquinas and Natural Law*, (London: MacMillan, 1967), p.57.

⁴ Richard Gula, "Natural Law Today", *Natural Law and Theology*, eds. Charles E. Curran, Richard A. McCormick, (New York: Paulist Press, 1991), pp.382-383, and Philip S. Keane, "The Objective Moral Order: Reflecting on Recent Research", *Theological Studies*, v.43, 1982, pp.260-261.

legislator determines what is morally right or wrong. The second characteristic of natural law morality is that it is in principle accessible to everyone and is independent of religious conviction. Anyone who reflects critically on human experience is able to discover natural law. This facet of natural law allows a person to argue about the rightness of an action without resorting to religious insight. Without this characteristic, the existence of an objective moral order is meaningless. This claim does not assert that the person has moral knowledge and understands his or her obligation in every case. Rather, it claims that we have the ability to know the moral order and that our moral obligation is to act on this knowledge. This characteristic of natural law places it in opposition to a divine command morality as exemplified by Barth who insisted on access to divine revelation in order to understand the ethical thing to do.⁵ The third characteristic of natural law is that it can be universalised. Ethical teaching based on natural law can be addressed to any person of goodwill because natural law teaching is about humans in general. If an action is objectively morally evil, that very same action will always be objectively morally evil for all people. The fourth claim is that humans do not always actualise their fundamental ability to know the objective moral order. Sometimes, with or without culpability, people will fail to know the objective moral order on a given point or fail to be free enough to act on this knowledge. This failure does not allow the community to weaken its moral norms.

Natural law is important to this dissertation because it is the foundation of the virtues.⁶ The virtues are important because they help form one's character.

⁵ Karl Barth, "The Christian under the Universal Lordship of God the Father", *Church Dogmatics*, v.3, sec.49, (Edinburgh: T&T Clark, 1960), pp.239-288.

⁶ Vernon Bourke, "Is Thomas Aquinas a Natural Law Ethicist?", *The Monist*, v.58, 1974, pp.52-66. Bourke argues that Aquinas is not a natural law ethicist. Aquinas writes only a small amount on the natural law and this is placed only after much of the work on ethics had been written. Prior to the section on natural law, all Aquinas's ethics is based on the right use of reason. Aquinas is, therefore, an ethicist based in right reason. However, it can equally be argued that Aquinas's ethical theory is based in the natural law. All of Aquinas's ethics presupposes a

One's character is important because it plays a large role in determining if one is happy in one's life. Through the habituation of making correct choices, the virtues transform the character of the moral agent. Natural law acts as a guide for determining which sorts of actions fulfil human nature. The virtues express natural law in human actions. Hence, in the context of chronic illness, the dissertation must examine natural law to ascertain what goods promote human flourishing. Then, when it is understood what basic goods are threatened by chronic illness, the virtues which promote the specific basic goods affected by chronic illness must be addressed, which will be done in chapter five.

There are too many schools of thought in natural law theory to be discussed in this chapter. It is not the intent of this chapter to engage in a 'current state of the topic' discussion on natural law. After the introduction, a brief overview of natural law and its current state will be given at the beginning of this chapter. Only two schools of thought relevant to this dissertation will be addressed in depth; the natural law theory of Thomas Aquinas and; the basic goods theory of Grisez-Boyle-Finnis (GBF).⁷ The conclusion will highlight some of the relevance of natural law and basic goods for the fifth chapter, on applying the virtues to patients with chronic illness.

The third chapter dealt with the virtue ethics of Thomas Aquinas. Similarly, the first part of this fourth chapter will examine the natural law theory of Aquinas. As was stated above, a chapter on natural law is necessary because the dissertation argues that natural law is the foundation upon which the virtues rest. There must be some basis for deciding what makes an action virtuous and desirable and another

natural law approach, because right reason is natural law. One can argue that this is why the section on natural law is so small, because natural law was presupposed as the basis and hence there was no necessity to fully develop what was already known.

action vicious and loathesome. As was shown in the previous chapter, this basis natural law. An action that promotes and is in line with the natural law is a virtuous action. One that deforms and destroys the natural law is a vicious action. However, as will be seen in sections on Thomistic natural law, his theory suffers from a lack of specificity. Aquinas is quite clear on the primary precepts of natural law (1a2ae.94.2.) but does not adequately address the secondary and tertiary precepts that give more content and specificity to the morality of human actions. The result is an interminable discussion in Thomistic studies over the secondary and tertiary precepts of natural law which makes it very confusing to apply to moral action. The lack of clarity and consensus over the issue makes it difficult to apply Thomistic natural law to this dissertation. Instead, I will use the basic goods theory of GBF.

The basic goods theory is heavily indebted to Aquinas and offers two advantages over Thomistic theory of natural law. Firstly, it does not become bogged down in eternal debate over the content of secondary and tertiary precepts of natural law. Secondly, it is more ‘user-friendly’ in that it prescribes seven definite basic goods that are easy for most people to apply to moral evaluation.⁸ Criticism of the basic goods theory will be discussed in the section on basic goods. The discussion of criticism serves to highlight some of the weaknesses of the basic goods theory and at the same time allows a better understanding of important aspects of the theory. The basic goods theory will serve as the basis for

⁷ GBF will be used in referring to the basic goods theory when referring to the writings of only one or two of the authors because the three authors develop the same theory, writing either together, in pairs, or singly.

⁸ This is not to say that the basic goods debate does not suffer from controversy of its own. A debate, at times very acrimonious, has been continuing for over three decades between supporters of a basic goods approach to moral analysis and those of the proportionalist school. Proportionalists do not necessarily disagree with the basic goods themselves. This debate will be discussed later in the section on the basic goods. The dissertation recognises that the theory is not perfect, but valid enough for this thesis. However, for the purposes of this dissertation, the basic goods theory is extremely helpful in that it provides an easy-to-understand criterion for comprehending how chronic illness affects people’s pursuit of the good life.

understanding what aspects of a chronically ill patient's life are diminished and which virtues can serve to aid the person in pursuing happiness.

NATURAL LAW BACKGROUND

There are as many schools of natural law, such as intuitionism, legalism, physicalism, rationalism⁹, as there are objections to it, such as that only divine law is authentic, all law is positive law, all law is culture-conditioned tradition, evolutionary, the self-interest of the mighty, or the invention of the weak.¹⁰ Some liberal theologians object to natural law on the grounds that it is static, 'essentialist', leading to idolatry of rules and principles when in fact a Christian should live in the freedom of the Spirit and the Gospel rather than in 'slavery' to the law.¹¹ Some conservative theologians are ill-at-ease with what they perceive as a creeping secularism that would hand Christian ethics over to moral philosophy, fearing that the foundations of modern moral philosophy are too vague and uncertain to provide security for the needs of Christianity's teaching.¹² Protestants tend to reject the concept of natural law because they view natural law as describing the original state of humanity before the Fall. Because they view sin as having brought about the total corruption of everything human, reason can no longer serve as a source of ethical knowledge.¹³ The evangelical theologian Carl Henry writes that:

Protestant critics contend that the derivation of natural law from what is inherent in human nature implies that God and the supernatural are irrelevant to moral knowledge, and moreover that the theory does not take sufficient cognizance of the epistemic impact of sin upon the life of man.¹⁴

⁹ For a summary of these schools of thought, refer to Michael B. Crowe, "The Pursuit of Natural Law", *Natural Law and Theology*. eds. Charles Curran, Richard McCormick, (New York: Paulist Press, 1991), pp. 299-233.

¹⁰ Henry, "Natural Law and a Nihilistic Culture", p.54.

¹¹ Hughes, "Natural Law Ethics and Moral Theology", p.100.

¹² Ibid, p.100.

¹³ David Bohr, *Catholic Moral Traditions; In Christ, A New Creation*, (Huntington, Indiana: Our Sunday Visitor Publishing Division, 1990), p.143.

¹⁴ Henry, "Natural Law and a Nihilistic Culture", p.54.

Evangelical criticism of the Thomistic doctrine of natural law states two main points: that it is independent of divine revelation and that it advances a belief in “a universally shared body or system of moral beliefs” that “human reasoning articulates despite the noetic consequences of the Adamic fall.”¹⁵ Within Catholicism, there is tension between the order of nature (biological nature) versus the order of reason approaches to natural law. The order of nature emphasis is criticised for its physicalist tendencies. Physicalism identifies the human moral act with the physical structure of the act.¹⁶ The order of nature approach tends to emphasise, or absolutise in the term of its critics, the physical and biological aspects of humans and their action and does not consider the function of human reason and freedom when performing moral analysis, suggesting what Gula calls a ‘blueprint’ or ‘maker’s instructions’ theory of natural law.¹⁷ In the order of reason view of natural law, the human is not subject to the order of nature in the same manner as are animals. Humans do not have to conform to natural patterns as matters of fate. “The given physical and biological orders do not dictate moral obligations; rather, they provide the data and the possibilities for the human person to use in order to achieve human goals.”¹⁸ While the natural order remains a factor to be considered in basing moral norms on reality, the natural order is not taken to be the moral order. Human beings are able to intervene to direct the natural order in a manner that is proportionate to full human development.

Physicalism, the theory embraced by an order of nature approach to morality, does reveal truths about the human condition because part of what it is to

¹⁵ Ibid, p.55.

¹⁶ Richard McBrien, *Catholicism*, new ed., (New York: HarperSanFrancisco, 1994), p.963.

¹⁷ Richard Gula, *Reasoned Informed by Faith*, (New York: Paulist Press, 1989), p.226.

¹⁸ Ibid, p.235.

be human is to have a body.¹⁹ Physicalism's strength is that it recognises the givenness of human nature. Human efforts at morality must take into consideration the fixed character of human existence if it is to promote human well-being. Its weakness is that it equates the givens of human nature with the whole of human nature. Human nature is understood as fixed and closed, something beyond the control of human development. It derives its moral imperatives from bodily structure, excluding the totality of the person.²⁰ This critique of physicalism comes from a historically conscious worldview concerning natural law that claims that the old classicist worldview is no longer adequate.²¹ Richard Gula, an advocate of proportionalism²², writes that "Contemporary theology's uses of natural law is more

¹⁹ In helping to describe physicalism, Gula cites Gerald Kelly, a leading pre-Vatican II moral theologian and natural law physicalist, who, in his book *Medico-Moral Problems*, (St. Louis: Catholic Hospital Association, 1958), pp.28-29, used an analogy of a mechanic and car to better understand physicalism. An inventor-mechanic invents a new type of automobile and gives an instruction book to the owners of the new car. This book would be a list of 'do's and don'ts' based upon the inventor-mechanic's thorough knowledge of the machine. The inventor-mechanic had planned the car with a certain purpose in mind and had chosen certain materials and arranged them in a certain order to achieve this purpose. A second mechanic could examine the same car and through studying its material's arrangement and purpose, could write substantially the same book of instructions as the inventor-mechanic. Both inventor-mechanic and the second mechanic could know that the nature of the machine demands that it be operated in a certain way in order to accomplish its purpose. Hence, this is why Gula uses the terms 'blueprint' or 'maker's instructions' for physicalism. Physicalism discovers moral norms through studying human structures and how they function in their natural state before intervention by human beings. Moral norms are written in human nature and can be read in physical properties, operations and goals of human faculties. The faculty of speech is for truth-telling, the reproductive organs are for the production of offspring. Human beings act morally when they conform their actions to the detailed patterns found in nature. An act is immoral when it runs contrary to nature, and frustrates a thing's natural end. Lying frustrates the final end of speech through not telling the truth, sterilisation frustrates the reproductive faculty that is meant to give life. (Gula, *Reason Informed by Faith*, pp.226-227). Sexuality and medicine are the two areas where physicalism has been prominent. The most famous example may be Pope Paul VI's ban on contraception where the physical act of intercourse between husband and wife may never be interfered with to either avoid procreation through contraception or to promote procreation through artificial insemination. Any interference in the natural course of events in this act violates the order of nature established by God.

²⁰ Gula, "Natural Law Today", pp.369-372.

²¹ For the best statement on this position, read Charles E. Curran, *Directions in Fundamental Moral Theology*, (Notre Dame: University of Notre Dame Press, 1985), pp.119-158.

²² Proportionalism is a theory of moral analysis found within Roman Catholic moral theology that "refers to the relation between the specific value at stake and the premoral evils (the limitations, the harm, or the inconvenience) which will inevitably come about in trying to achieve that value." (Gula, *Reason Informed by Faith*, p.273.). Richard McCormick states that proportionate reason means three things: a value at least equal to that sacrificed is at stake; there is no less harmful way of protecting the value here and now; and the manner of its protection here and now will not undermine it in the long run. See Richard A McCormick, "Ambiguity in Moral Choice", *Doing*

historically conscious and taps into the second strand of interpretation of natural law, the order of reason.”²³ Catholic moral theology is developing the more rational aspect of natural law tradition.

Prior to the Renaissance and the Enlightenment, there was little over the validity of natural law, apart from Occam and voluntarism. However, from the Renaissance onward, modern philosophy has consistently moved away from the concept of an absolute, objective and eternal law. Instead, the concept of the autonomous individual gained prominence and rejected any norm of morality other than the prompting of one’s own conscience. Liberal individualism was born. Following the new methods of the natural sciences, nature became viewed only as a matter in motion and devoid of all higher purposiveness and incapable of providing people with any ethical imperative. Auguste Comte proposed the theory of positivism in which the mature scientific position was only concerned with observable data. Positivism asserted three main principles: that all human thought is conditioned by history and therefore no norm is universally valid, that the domain of facts alone allows for objective certitude whereas values are only subjective, and that there are no objectively-founded moral values but only choices between adjustment to the environment or suicide.²⁴

Evil to Achieve Good: Moral Choice in Conflict Situations, eds. Richard McCormick, Paul Ramsey, (Chicago: Loyola University Press, 1978), p.45. Proportionalism will be discussed further when proportionalist critiques of the basic goods theory are discussed. The use of surgery provides an uncomplicated example. A surgeon amputates the gangrenous arm that threatens the life of a patient. Losing an arm is a premoral evil that becomes a moral good when applied to its context of being a life-saving act. There existed proportionate reason to cause harm. The good resulting from the act was proportionate to or greater than the evil resulting from the act. Yet, if the arm could be saved through simply prescribing a course of antibiotics, then amputation becomes disproportionate and an act of mutilation because no proportionate reason exists for actualising this premoral evil. A greater proportion of evil over good occurs in this case.

²³ Gula, “Natural Law Today”, p.374.

²⁴ Bohr, *Catholic Moral Traditions: In Christ, A New Creation*, Huntington, IN: Our Sunday Visitor Publishing Division), p.145.

This flew in the face of medieval Christian thinkers who had developed the scholastic theory of natural law within an Aristotelian framework.²⁵ Every natural individual substance possessed a nature, an essence composed of an active and passive principle; that being the essential form and matter. Its activity is always directed by its nature toward a goal that the agent need not necessarily apprehend consciously. This goal acted primarily to perfect the individual and the species to which the individual belonged. Aristotle's philosophy of nature was basically physicalist. In all cases there was an intelligible connection between structure and function, between activity and goal. The active principle through which an organism tends toward the perfect realisation of its specific norm is called the law of its nature. In general, medieval Christian thinkers took this principle of an ideal form for each species and placed it in a theistic setting. Each species was separately created by God and is a finite embodiment of an idea in the mind of God. The whole system, both living and inorganic substances, in all their complex unity and interaction, is simply the realisation in God's created order of an ideal of beauty and harmony known perfectly only by God. Because humans possess reason, they can participate in this process to a limited degree. The possession of reason makes the action of humans different from those of all living creation in that humans have freedom of choice. Any other organism acts according to its natural tendencies without reflection or deliberation. Humans enjoy the power to act in ways that correspond to the intrinsic orientation of their nature or whether to choose unnatural and inappropriate goals instead. Thus, for humans, natural law has a two-fold significance. First, it is an intrinsic ordering of our nature toward an ultimate goal and secondarily toward the various instrumental goals which are ordered to the ultimate goal themselves. Second, the natural law creates an

²⁵ John Russell, "Teleology and the Natural Law", *Month*, v.26, 1993, pp.108-111.

obligation to live in such a manner as to respect this ordering and to order our lives toward this goal. God's plan was not one where humans lived lives of purely natural perfection. Rather, human nature was meant to be raised to a higher order whose ultimate goal was the Beatific Vision. However, the Fall made it impossible of achievement unless God intervened. Adam's deliberate turn from God resulted in a radical disorder of human nature.

Human nature had not been essentially changed by the Fall but had become so disordered that no possibility existed for living in accordance with the original archetype. While operating in an unredeemed humanity, the natural law could not achieve its purpose yet moral obligations were still imposed by natural law. Only God was able to undo the damage, which he did by becoming human, and in human nature, made atonement for human sins, thereby restoring the possibility of the ultimate goal of human life, the Beatific Vision.²⁶

After the rise of positivism, this vision of natural law was challenged. Christianity was dominated by two opposing theories concerning how to understand the world. One was a theological interpretation based on Genesis and interpreted through a specifically Christian theological perspective. The other was based upon scientific evidence concerning the origin of humanity.²⁷ However, the influence of science and modern philosophy has challenged natural law for the better in that physicalism is less emphasised in natural law theory and the order of reason is now dominant. Current natural law theory tends to make use of the findings of philosophical anthropology, sociology, history and the rest of the social and behavioural sciences. Physicalism, with its belief that human nature is static and

²⁶ Russell, "Teleology and the Natural Law", pp.108-111.

²⁷ Ibid, p.108.

that moral norms are universal and timeless, has little need to avail itself of the findings of the modern sciences.

THOMISTIC NATURAL LAW

The return to reason and away from physicalism is evidence of a return to a truer interpretation of Thomistic theory. Aquinas's most mature statement of the philosophy of natural law is found in qq.90-97 of 1a2ae of the *Summa*. Only q.94 deals specifically with natural law. His theory of natural law is simple - it states that by using our reason and reflecting on our nature as human beings, general rules of action can be formulated. Natural law is based on principles that we grasp through synderesis.²⁸ By using these principles and reflecting on what fulfils people in general, we arrive at rules for action. Practical reason indicates how we should behave. Brian Davies explains it well:

For Aquinas, the natural law is what reason tells us to do or to avoid in order to function well as people. It is not, he explains, a detailed list of instructions for acting in the multitude of different circumstances in which people might find themselves. It is not a table of rules for acting in every situation. It is a framework within which people can make particular choices on particular occasions in particular circumstances. And for this reason it needs to be supplemented by sound practical reasoning, the working of conscience, and by what Aquinas calls 'human law', i.e. institutional legislation ('laws of the land') designed to promote the well-being of people in concrete situations.²⁹

Jacques Maritain identifies two basic elements in Aquinas in regard to natural law; the ontological and the gnoseological.³⁰ The first element of natural law, the ontological, admits that there is a human nature and that this nature is the

²⁸ "Synderesis is called the law of our understanding inasmuch as it is the habit of keeping the precepts of natural law, which are the first principles of human activity." (1a2ae.94.1.2.) Synderesis is the name that Aquinas uses for "practical, directive, universal propositions which anyone is likely to have acquired in childhood, by such entirely ordinary and non-deductive insights." See John Finnis, *Aquinas: Moral, Political and Legal Theory*, (Oxford: Oxford University Press, 1998), p.87.

²⁹ Davies, *The Thought of Thomas Aquinas*, p.246.

³⁰ Jacques Maritain, "Natural Law in Aquinas", *Natural Law and Theology*, eds. Charles Curran, Richard McCormick, (New York: Paulist Press, 1991), pp.114-123.

same for all people. It is taken for granted that humans possess intelligence and can choose the ends that they pursue. Because humans have a nature, they have an ontology and, therefore, ends that of necessity correspond to their essential condition and are the same for all. Humans must put themselves in tune with the ends demanded by their human nature. There is a nature or order that human reason is able to discover and for which the will can order itself to act. This is natural law. Natural law is about discovering the normality of something's functioning, the proper way it should be used to achieve its fullness. We are able to know the primary and fundamental regulations of natural law but the remote conclusions we may not know and they will develop as new situations confront people later in history.³¹ This will be discussed in a later section dealing with primary and secondary precepts in Aquinas's natural law.

The second element is gnoseological, about natural law as known. This concerns practical reason, which is the measure of human acts. All persons know the self-evident principle of do and pursue the good and avoid evil. Whether they choose to act in accordance with it is another matter. Maritain writes that this is "the preamble and the principle of natural law; it is not the law itself."³² Natural law is about the things which follow from this principle, about what to do and not to do. Law and knowledge of the law are two different things. Law has force only once it is promulgated and this comes through assertions of practical reason. Human reason does not discover the regulations of natural law as through arithmetical equations, such as geometric theorems. Nor does it discover them through a conceptual exercise of the intellect or by way of rational knowledge. Aquinas meant that the manner in which human reason comes to know natural law

³¹ Ibid, pp.115-118.

³² Ibid, p.118.

is not through rational knowledge but through human inclination. It is not knowledge arrived at through concepts and conceptual knowledge. Rather, it is “obscure, unsystematic, vital knowledge ... in which the intellect, in order to bear judgement, consults and listens to the inner melody that the vibrating strings of abiding tendencies make present in the subject.”³³ Our intellect listens to our inclinations, then we put practical reason to use to see if these inclinations will allow us to flourish. The precepts of natural law correspond exactly with our inclinations. However, natural law does not stand on its own, a law unto itself. It is particularised by other laws.

Aquinas’s Four Types of Law

Aquinas discusses four types of law - eternal, natural, human, and divine. The eternal law is how God designed the universe to operate. Aquinas states that God is like an artist with the things he has created in that they pre-existed in his mind before he made them. He is the one who governs their actions in that he created them to move to their ends.(1a2ae.93.1.) The idea of the eternal law is imprinted on us. We know the sun exists even when we cannot see it directly but only perceive its light. Likewise, with the eternal law. Only God and those around God in heaven know the eternal law directly but humans know it by its light.(1a2ae.93.2.) The eternal law governs the universe, so all governing ideas issuing from lower laws are derived from it. These laws are all part of the eternal law. Any law directing right reason shares to an extent in eternal law.(1a2ae.93.3.)

Divine law is different from eternal law. “Eternal law is the governing idea behind God’s creation, whereas divine law arises from the Decalogue and the two great commandments of the New Testament ... divine law is ... God’s way of

³³ Ibid, p.119.

directing men to cling to him through love.”³⁴ Divine law aids humans in their conduct. Laws are meant to direct people to that for which they were made. If they were destined to an end not beyond their ability, they would have no need for anything other than natural and human law. However, eternal happiness is out of proportion with their ability and so divine law helps them achieve their final end.(1a2ae.91.4.)

Eternal law governs the entire universe and so natural law partakes of eternal law. Humans order their reason to be in harmony with the eternal law. Aquinas’s most famous description of natural law is found in 1a2ae.94.2. There he states that there are several precepts of natural law. Natural law is a kind of self-evident beginning. Practical reason first understands that every agent works for an end that is good. The first command of law is that “good is to be sought and done, evil to be avoided”; all other commands of natural law are based on this.”(1a2ae.94.2.) Natural law commands us to do or to avoid things that the practical reason recognises as being in line with or against human goods. It is a law of nature that all life has a natural tendency to preserve its own being, so the natural law maintains and defends the basic requirements of human life. Humans share in common with animals the natural tendency to mate and rear their offspring. As for humanity’s rational nature, it is unique to humans alone. It is proper for humans to seek to know God, and to live in society.(1a2ae.94.2.)

As for answering the question of whether natural law is the same for all, Aquinas is quite definite in his answer. He states that in questions of theory, truth is the same for all people in regard to both general principles and specific conclusions.

³⁴ Peter Redpath, “Classifying the Moral Teaching of St. Thomas”, *The Medieval Tradition of Natural Law*, ed. Harold Johnson, (Kalamazoo, Michigan: Medieval Institute Publication, 1987), p.143.

However, concerning questions of action, things are different. Everybody is the same concerning general principles of truth. As for specific conclusions, the more we descend from the general principle, the more we admit of exceptions so we have to hedge things with qualifications and cautions.(1a2ae.94.4.) This leads into a controversy in Aquinas that deserves further investigation and will be addressed in the following section on secondary and remote conclusions of natural law.

Human law is designed to check human over-assertiveness, safeguard the innocent from the unruly by threat of punishment and help promote virtue and peace.(1a2ae.95.1.) The natural law is the basis of human law. There is an abyss between the universal principles of natural law and the infinitely complex detail of particular acts. No individual reflection can cross it - the mission of human law is to close it. Human laws have no principle of their own to invoke, but merely apply natural law. The person who spontaneously follows natural law is predisposed to acknowledge human law and willingly receive it. The vicious person is embarrassed by human law while the just person follows it with such a spontaneity that it is as if the civil law did not exist for him or her.³⁵

Primary and Secondary Precepts

The problem of the abyss between universal precepts of natural law and the complex detail of particular acts does not only refer to human law, but to the secondary and remote precepts of natural law itself. In the important work, *Primary and Secondary Principles in Thomistic Natural Law Teaching*, R.A. Armstrong addresses three questions: what natural law precepts are self-evident, what are the relationships between primary, secondary, and tertiary precepts and what kind of

³⁵ Etienne Gilson, *The Christian Philosophy of St. Thomas Aquinas*, (London: Victor Gallancz, Ltd., 1957), p.267.

variability, if any, is involved in natural law?³⁶ He surveys the scholarship in the field and writes that there are three basic positions that writers occupy concerning natural law. The first is that natural law is limited to a few general and self-evident precepts that are unchangeable. Natural law does not provide a solution to questions but rather gives the foundation or direction to arrive at a particular solution. The responsibility then moves to positive law to find a concrete particular solution. The writers of this school, such as Viktor Cathrein and Louis Le Fur affirm that there are several precepts but never really specify what these precepts are.³⁷

The second position is that the natural law is composed of general precepts which also contain specific precepts that can be arrived at only after rational reflection. One has to expect that as society grows, it learns more about what actions are good or bad. Joseph Fuchs calls this process of development and adaptation 'historicity'.³⁸ Jacques LeClerq believed that there were a very few primary precepts of immediate evidence.³⁹ Yet, our moral experience when considered in the light of these primary precepts, gives us secondary precepts that are part of natural law. These secondary precepts are few in number also. Natural law is seen as unchangeable while the content of natural law progresses. This progress occurs in two ways - we come to realise what is in natural law, then the natural law is diversified into positive laws. While peoples' knowledge of natural law develops and becomes more informed, natural law itself does not vary. Maritain holds that any precepts seen by natural law as being in accordance with human

³⁶ R.A. Armstrong, *Primary and Secondary Precepts in Thomistic Natural Law Teaching*, (The Hague: Martinus Nijhoff, 1966,) p.19. Armstrong's own thesis is that natural law is usually binding on most individuals but sometimes admits of exceptions and will undergo a form of change from age to age. Central to the discussion of changing norms concerning natural law is an understanding of primary and secondary precepts.

³⁷ Ibid, pp.1-7.

³⁸ Ibid, p.163.

³⁹ Ibid, p.8.

nature belong to the content of natural law, whether it is general or specific, grasped easily or with much reflection.⁴⁰

The final position is held by those writers who believe that while general principles are invariable, the more specific secondary principles admit of some exceptions. The general invariable and specific variable precepts school believes that natural law is invariable concerning its primary, fundamental principles. However, the application of the primary principles is not invariable. What satisfies an appetite in one circumstance may not satisfy that same appetite in another circumstance. The content of natural law is determined by circumstances. So secondary precepts change with a set of circumstances. The presence of a certain set of circumstances is enough to change the morality of a given action.⁴¹ The more remote and further from the primary principle, the more variable the secondary principle can be. Dom Odon Lottin believes that we are to place in natural law all that natural reason states is in accord with human reason. Lottin held that all actions bad in themselves run counter to natural law whereas all actions good in themselves and necessary for maintaining the moral order are in accordance with natural law. It makes no difference whether it is a general or specific precept. Lottin insists on a link between the general and specific conclusion.⁴² He understands there to be three grades of precept in Aquinas's theory - primary precepts, conclusions that are necessarily connected with these, and the more remote conclusions derived from these. He believes Aquinas was willing to admit conclusions that were very close to general precepts. Lottin states that we can

⁴⁰ Ibid.

⁴¹ Ibid, pp.14-19.

⁴² Ibid, pp.18-19.

consider these as more immediate references than as conclusions and he allows for the possibility that secondary precepts are variable.⁴³

Armstrong believes that Lottin echoes Aquinas the most closely. The Thomistic distinction between primary and secondary natural law precepts is found in 1a2ae 94.4-6, 100aa1-3, 11 of the *Summa*. Aquinas believed that human reason proceeded from the general to the particular and this is echoed in the division of precepts. Knowledge of the more general is prior to knowledge of the more particular. We consider the concept animal before we consider classifying the animal into a specific species. We understand the concept of bird prior to formulating the concept of sparrow. We have indistinct knowledge before we have distinct knowledge. A hazy feeling of general un-wellness precedes coming down with a cold. Similarly, the intellect grasps first the more universal concepts of good before the less universal. So the self-evident propositions are first noticed. The first principle of practical reason is the universal and non-specific 'do and pursue good and avoid evil.' Natural law deals with human actions in a very general way before becoming concerned with more specific precepts. These more specific precepts are derived from the more general precepts.⁴⁴

One may use the analogy of formal and material norms to understand how the intellect understands first the more universal concepts of good before the less universal. Formal norms point to moral values which must be pursued and which indicate attitudes that we should cultivate. They impart to one the 'form' that one's conduct should take, such as 'Do good and avoid evil'. Formal norms are vague and almost devoid of specific content and proclaim goals rather than tactics. They state that one should be honest, respectful of others, truthful, not to steal or

⁴³ Ibid, pp.19-20.

⁴⁴ Ibid, pp.81-91.

murder. These norms are absolute and universal.⁴⁵ Material norms tell one what one should do, offering information and direction. More specificity is offered – do not take what does not belong to you, do not take the life of an innocent person, be truthful in your dealings with others.⁴⁶ The general idea that it is desirable to be good and to avoid evil first occurs. This formal norm offers no real guidance in the daily life of the person except to act as an exhortation. What is needed is more specificity, so the intellect moves to the less universal concepts of the good, those more remote from the formal concept. The intellect wrestles with how to implement the formal principle to the context of life lived in the present, when action must be taken. So ‘do and pursue good and avoid evil’ must be applied through material norms to a present circumstance.

The first grade of natural law precept is the primary precepts which are composed of general, formal precepts such as do good, avoid evil, and act with reason. These precepts are very remote, abstract and divorced from the varying circumstances of everyday life. The general precepts are composed of conclusions that must necessarily follow from the primary precepts. Such is the Decalogue. These precepts deal with actions that are means for attaining our final end and are what Aquinas calls secondary precepts. The third division is the remote precept or what Aquinas calls remote conclusions. These are not known to all people nor are they the same for all people. They vary with the varying circumstances and person’s intent and, therefore, these remote precepts cannot be uniformly legislated.

⁴⁵ Richard Gula, *What are They Saying about Moral Norms?*, (New York: Paulist Press, 1982), pp.55-57.

⁴⁶ Ibid, p.59.

Natural Inclinations

The role of natural inclinations is important to Aquinas's precepts of natural law. All creatures seek something. They are all inclined to certain things. Aquinas believed that inclinations exist because of a need, a desire to fill out something missing. A thing will move out of necessity toward what fulfils it. There exist several areas of necessity. Natural necessity is the necessity of a stone falling to the ground. Hypothetical necessity belongs to sensitive creatures. This necessity arises only when a creature recognises something as necessary, pleasing or useful. Rational necessity is experienced by humans and is entirely different. The will, being our principle of movement, has only one necessity and that is to move toward the good in general rather than any particular good. Through use of reason, the will can choose among the various particularities that appeal to the sensitive faculty. So we can say that there is a necessity for the good in general but there is not a necessity for this or that particular good. Natural inclinations provide the foundation and direction for knowledge of self-evident principles of natural law. The problem then becomes enumerating the natural inclinations of humans and determining with which ethical principles such inclinations align themselves.⁴⁷

The first basic inclination of people is self-preservation, an inclination all living things share. Very few writers state the principle which corresponds with this inclination. It is usually said that it is simply a self-evident natural law precept or fundamental immediately known principle. Armstrong writes "while recognising that not all beings have equal value in the world of creation, one ought to respect and preserve not only human life, but where possible, all life."⁴⁸

⁴⁷ Armstrong, *Primary and Secondary Precepts in Thomistic Natural Law Teaching*, pp.42-46.

⁴⁸ Ibid, p.48.

The second principle is one that we also share with animals - sexual union and care of ensuing offspring. Again, very few authors name this principle. Maritain writes that the principle should be formulated as “sexual intercourse has to be contained within given limitations” and that it is a self-evident principle which declares that people who are “aware that it is through sexual intercourse that children come into existence, cannot help but see that the action in question has a dignity and significance which renders it entirely different from other pleasures of life which may without harm be casually indulged in.”⁴⁹ As for raising family, Maritain suggests that the family group has to align themselves with some established pattern. There needs to be some arrangement in the family for children to be nursed, cared for and educated.⁵⁰

Concerning God, Aquinas writes that “man has a natural inclination to know the truth about God, and to live in society.” (1a2ae.94.2.) This is a controversial statement because it is not self-evident that God exists. Most contemporary natural law authors simply repeat Aquinas’s words and reflect on this inclination no more. Maritain puts the principle as “We are bound to look at the Invisible.”⁵¹ As for the inclination to live together in groups, it is in every rational person’s capacity to see that we must live together in a group called society, if for no other reason than for health and well-being. From recognising that we need society, we recognise that we need rules for society. Maritain puts it “We are bound to live together under certain rules and prohibitions.”⁵²

However, concerning precepts of natural law, Aquinas never gets much clearer than these four statements. Hence the discussion over primary precepts,

⁴⁹ Ibid, p.48.

⁵⁰ Ibid, p.49.

⁵¹ Ibid, p.50.

⁵² Ibid, p.50.

secondary precepts and remote conclusions that has marked natural law discussion. A current natural law theory that does provide such specificity is the subject of much discussion. This is the basic goods theory of Germain Grisez, Joseph Boyle and John Finnis. This theory offers a very clear picture of precepts of natural law, listing seven basic goods that fulfil people. This theory is heavily indebted to Aquinas and takes Aquinas one step further. The basic goods are listed and little room is left for doubt over the precepts of natural law. By utilising this theory in the dissertation, one may sidestep the interminable discussion over the primary, secondary and remote precepts of natural law. One is left with a clear view of what it is that fulfils a person and allows one then to apply this picture to those suffering from chronic illness to understand what areas of their lives are affected by their illnesses.

THE BASIC GOODS THEORY OF GRISEZ-BOYLE-FINNIS

Practical reason was discussed throughout the section on Aquinas. It is Aquinas's treatment of practical reason in regard to natural law that is the genesis for the development of the Grisez-Boyle-Finnis (GBF) basic goods theory.⁵³ The theory originates in the early 1960's, when Grisez was reacting against ethical-political thought that does not believe that free choice exists. He was critical of theories that argued that human action was formed through the consideration of determinants of outward behaviour that analyses efficient means to bring about a desired state of affairs. He believed that these theories held two things. First, that moral judgements be made on a cost-benefit analysis and second, that psychological determinism was the guiding factor in making moral judgements. Psychological

⁵³ The basic goods will be discussed in its own section. To note them, they are human life, knowledge and appreciation of beauty and good fulfilling us as intelligent beings, playful

determinism held that people do make their own choices but they choose the option that they will believe best serve their purposes. GBF write that:

this sort of determinism is falsified by the experience of making any morally significant choice: no option appears unqualifiedly better or best; rather, interesting options offer and threaten diverse and incommensurable benefits and harms. And just as it falsifies psychological determinism, the incommensurability of benefits and harms precludes morally evaluating options for choice by comparing them with respect to prospective benefits and harms so as to determine which is likely to bring about the better or best (or less bad and least bad) overall results.⁵⁴

Psychological determinism is at great odds with the belief of GBF that:

human knowledge about the natural order, the order that reason in no way makes, includes both the knowledge that there are irreducible starting points of morally practical knowledge, acts of the will specified by them, and free choices; and knowledge identifying these principles and elements of the moral order.⁵⁵

The First Principle of Practical Reason

The article that continued the seeds of the basic goods theory was Grisez's "The First Principle of Practical Reason", published in *Natural Law Forum* in 1965.⁵⁶

Grisez does not examine the whole of Aquinas's natural law theory, but only the first principle of practical reason, which Grisez understands to be that good is to be done and pursued and evil is to be avoided. In 1a2ae.94.2., Aquinas discusses the first principle of practical reason and asks if natural law is composed of one or of many precepts, a topic Grisez notes is overlooked by many authors.⁵⁷ He argues that Aquinas concludes that there are many precepts of natural law. There are many precepts because there are many objects of human inclinations, which are

activities and skilful performances or work, self-integration (inner peace), peace of conscience, peace with neighbours and friends, and peace with God.

⁵⁴ Ibid, p.214.

⁵⁵ Ibid, p.214.

⁵⁶ Germain G. Grisez, "The First Principle of Practical Reason", *Natural Law Forum*, v.10, 1965, pp.168-196. This is also republished in *Aquinas: A Collection of Critical Essays*, ed. Anthony Kenny, (London: MacMillan, 1969), pp.340-382. References to this article are taken from Kenny's collection.

⁵⁷ Grisez, "The First Principle of Practical Reason", p.341.

viewed by reason as ends for rational efforts. This leads to distinct norms for action. This does not mean natural law is divided. It is one because each object of inclination obtains its role because it is subject to practical reason's action of prescribing how ends should be attained. The many precepts of natural law are unified in their relation to the primary principle. Aquinas regards practical reason as the mind performing a certain role or functioning in a certain capacity which is directed to action. "It is the mind charting what is to be, not merely recording what already is."⁵⁸

Grisez affirms that we should understand that the object of practical reason is first to be understood as being an object of tendency. Practical reason's first step is to direct works in order to pursue an end. A sign of this first step is to be able to say that one acted on purpose, with intentionality.⁵⁹ The concept of end is key to understanding Aquinas and natural law. Using the primary principle of 'do and pursue the good and avoid evil', reason reflects on human experience where natural inclinations point to goods appropriate in themselves. Reason takes these as good not because they were given but because the good which appeals to reason is intelligible and contains inclinations to prospective ends. Reason directs us to possible actions, these possible patterns of human inclination are determined by natural inclinations.⁶⁰

The first principle of practical reason directs toward ends which make human action possible; by virtue of the first principles are formed precepts that represent every aspect of human nature. Together these principles open to man all the fields in which he can act; rational direction insures that action will be fruitful and that life will be as productive and satisfying as possible. Whatever man may achieve, his action requires at least a remote basis in the tendencies that arise from human nature.⁶¹

⁵⁸ Ibid, p.350.

⁵⁹ Ibid, pp.354-355.

⁶⁰ Ibid, pp.356-358.

⁶¹ Ibid, p.372.

Grisez concludes his article by claiming that Aquinas's position does not hold that certain kinds of action must be done because they fulfil our inclinations or fulfil divine commands. The true position of Aquinas is that humans are capable of thinking for themselves in the practical domain because humans naturally form a set of principles whose function is to make possible all of our actions.⁶² One can see the basis of a basic goods theory present in this writing.

'Practical Principles, Moral Truth and Ultimate Ends'

In 1987, the latest version of the basic goods theory, "Practical Principles, Moral Truth and Ultimate Ends" was published in *American Journal of Jurisprudence*.⁶³ The point of the article was that the basic goods are the reasons for which people act. The theory is that basic goods fulfil people. The authors do not believe that there is a single natural end of human life. Basic goods are the reason for our acting. They serve as principles of action because they are the ultimate rational grounds which propose that we act in certain ways to achieve certain benefits. The basic goods are diverse, because of the inherent complexities of human nature. Basic goods are reasons with no further reasons. They are primary principles and as primary principles, basic goods of diverse categories are incommensurable with one another. We are to act for the basic goods and avoid what opposes the basic goods. In this theory, virtues are character traits which organise the various aspects of the complex human personality. When these various aspects are properly ordered by the virtues, harmony is introduced and this harmony among feeling, performance, choice, etc., is the realisation of the basic goods. Obtaining the virtues leads us toward the ideal of integral human fulfilment, which is the

⁶² Ibid, p.381.

⁶³ Grisez, Boyle, Finnis, "Practical Principles, Moral Truth and Ultimate Ends", pp.99-151.

realisation, as far as is possible, of all the basic goods acting in complete harmony. This ideal is happiness. Although integral human fulfilment is not the reason we choose what we choose, the basic goods are the ultimate ends. No single reason exists for why we choose what we choose. The diverse basic goods allow us to express our diverse and complex human nature. Everyone should have an ultimate end by which they organise their lives, such as being a good parent or being the best possible teacher, nun, or physician that one can be. Such a commitment to this end falls short of integral human fulfilment, but it does offer the most realisable happiness in human life. GBF believe faith and commitment to God is the best commitment in order to become happy.

In order to understand the theory, one needs to distinguish between the first principles of practical reasoning and the first principles of morality. The first principle of practical reason is to do and pursue good and avoid evil. The first principle of morality, to love God and to love your neighbour as yourself, is derived from the first principle of practical reason and articulates its command to do and pursue the good and avoid evil. Practical reasoning has two phases - one that deals with what can be done and this is the principle of practical reasoning, the other phase is about what we should do and this is about the principles of morality. The first principles of practical reason are about doing and pursuing good and avoiding evil. It is a directive for action and not a description of good or evil. The first principle of practical reasoning is specified through discovering the forms of human flourishing which are the goods that the first principle states we should pursue. GBF argue that there are seven goods that serve as starting points for

considering what may be done.⁶⁴ Elsewhere, Grisez writes that the basic principle of morality should be formulated as:

In voluntarily acting for human goods and avoiding what is opposed to them, one ought to choose and otherwise will those and only those possibilities whose willing is compatible with a will toward integral human fulfilment.⁶⁵

Integral human fulfilment is not a basic good along the side of the other basic goods, nor is it a super-basic good, nor a synthesis of goods. It is an ideal whose attractiveness derives from all the goods that appeal to humans and which serve as reasons for acting. Integral human fulfilment is an ideal that guides people in making choices by directing them to avoid unnecessarily limiting themselves and maintaining openness to all goods. It is the object of a good will and of unfettered human reason.⁶⁶ One may act immorally by not only willing that evil should be done but also by ignoring, slighting, or rejecting human goods. One does this by acting out of solely emotional reasons, disregarding reason or by acting in any way so as to arbitrarily limit any person's participation in the basic goods.

The Basic Goods

GBF seek to identify all the basic goods of humans. What is of importance to this dissertation is the category of basic goods. James Hanink summarises the basic goods as:

central components of the human person, especially the person as developing and flourishing. To be 'basic' in this context, means at least this much: the moral teleology of human agency is about the promotion and respect of these goods. It means, too, one cannot intentionally attack or demean such goods without attacking the human person whose flourishing

⁶⁴ William May, "Germain Grisez on Moral Principles and Moral Norms: Natural and Christian", *Natural Law and Moral Inquiry: Ethics, Metaphysics, and Politics in the Works of Germain Grisez*, ed. Robert P. George, (Washington: Georgetown University Press, 1998), p.8.

⁶⁵ Germain Grisez, *Christian Moral Principles*, p.186.

⁶⁶ William May, *An Introduction of Moral Theology*, revised ed., (Huntington, Indiana: Our Sunday Visitor Publication Division, 1994), p.76.

consists in their realisation.⁶⁷

William May writes that GBF “hold that these goods can be distinguished by noticing the assumptions implicit in the practical reasoning of ordinary people, by considering the ‘ends’ or ‘purposes’ for whose sake people ultimately engage in various activities.”⁶⁸

GBF believe that there is no proof that a basic good is actually a basic good; however, there are indicators for holding such a belief. Any basic good is cross-culturally attractive to humans and plays a central role in their lives as humans. Basic goods are recognised through a fundamental moral insight. It is a conviction built into our moral understanding. While one cannot prove that friendship, work or play is a basic good, a reflective person will realise it as such.⁶⁹

Aquinas meant to be illustrative rather than exhaustive, with his list of goods. While Aquinas listed goods, such as self-preservation and procreation, living in community, or knowing God, he tended to use expressions such as “and the like’ and ‘things of this kind’”.⁷⁰ Hence the confusion and debate of secondary and tertiary precepts of natural law. The aim of GBF is to identify explicitly all of these goods, while realising that it is probably impossible. They write that the most direct way of discovering the basic goods is to consider actions and then ask why a person performs such an action and why would a person do such an action. Persistent questioning in this manner will uncover a small number of diverse basic goods:

The diversity of the basic goods is neither a mere contingent fact about human psychology nor an accident of history ... Rather, being aspects of the fulfilment of persons, these goods correspond to the inherent

⁶⁷ James G. Hanink, “A Theory of Basic Goods: Structure and Hierarchy”, *The Thomist*, v.52, 1988, p.225.

⁶⁸ May, *An Introduction of Moral Theology*, p.70.

⁶⁹ Hanink, “A Theory of Basic Goods: Structure and Hierarchy”, p.226.

⁷⁰ May, *An Introduction of Moral Theology*, p.48. Refer to Aquinas, 1a2ae.94.2. for examples of his list.

complexities of human nature, as it is manifested both in individuals and in various forms of community.⁷¹

The basic goods provide basic reasons for acting in that they are foundational aspects of human flourishing. As such, the basic goods belong to humans as part of their very nature. The basic goods come to be understood through the mind working inductively from data of inclination and experience. They are not derived from a theoretically constructed anthropology of human beings, stating that this is what should fulfil human beings, given our concept of the human. The basic goods are not inferred by propositions concerning human nature but instead are self-evident. They are derived through reflection on what the human person is inclined to and what past experience has shown to fulfil the human person.⁷² They are contained in seven categories which are divided into two types of good. People engage in these goods for no other reason than to engage in them. The goods themselves are the points of human activity. The activities are the ends for which humans act. Substantive goods are goods that provide reasons that can stand by themselves and are goods in which everyone shares. These are:

- 1) Human life itself, including health, bodily integrity and the raising and education of children.
- 2) Knowledge and appreciation of beauty and goods that fulfils us as intelligent beings.
- 3) Playful activities and skilful work fulfilling us at the same time as both bodily and intelligent beings.⁷³

⁷¹ Grisez, Boyle, Finnis, "Practical Principles, Moral Truth and Ultimate Ends", p.107.

⁷² Robert George, *Making Men Moral: Civic Liberties and Public Morality*, (Oxford: Clarendon Press, 1993), pp.12-13.

⁷³ Grisez, Boyle, Finnis, "Practical Principles, Moral Truth and Ultimate Ends", p.107, and May, *Introduction to Moral Theology*, p.70. The wording and understanding of these basic goods are a cross between GBF's list and May's summary listed in *Introduction to Moral Theology*, p.70, which gives an easier to understand definition than GBF's work. For anyone looking for a good secondary description of GBF's theory, May and Hanink are the best favourable commentators. GBF have recently decided upon an eight basic good, which is marriage. However, this has yet to appear in print and will be considered under the basic good of human life and the transmission of life.(Discussion with Joseph Boyle, September 11, 1999) The reasoning which leads them to conclude that marriage is a separate basic good may be found in chapter nine, "Marriage, Sexual

The second set of basic goods have harmony as a common theme and are listed as reflexive or existential goods.⁷⁴ These goods fulfil people in that they are human beings capable of making free choices and capable of good and evil. The four goods are:

- 4) Self-integration or inner peace, which creates a harmony among one's judgements, feelings, and choices.
- 5) Peace of conscience and consistency between one's thoughts and one's deeds. One externally acts out the harmony of one's inner peace.
- 6) Peace with neighbours, friendships and a harmony arising from justice among individuals and groups.
- 7) Peace with God or some more-than-human source.⁷⁵

John Finnis gives a more extended account of the goods in *Natural Law and Natural Rights*.⁷⁶ Human life corresponds with the drive for self-preservation and is concerned with all aspects of life that puts a human being in the position to be self-determining. He writes that "life here includes bodily (including cerebral) health, and freedom from the pain that betokens organic malfunctioning or injury."⁷⁷ It also includes organising society in such a way that people's safety is looked after: possessing medical facilities, public road commissions, food standards committees, etc., and the transmission of life and its nurturing. The basic good of knowledge is concerned with acquiring knowledge for its own sake and not merely as an instrumental means. Finnis believes that 'speculative knowledge', in the sense of knowledge being sought for its own sake, would be a more descriptive term.

Acts and Family Life" of Germain Grisez's *The Way of Our Lord Jesus: Living a Christian Life*, v.2, (Quincy, Illinois: Franciscan Press, 1983), pp.553-752.

⁷⁴ Grisez, Boyle, Finnis, "Practical Principles, Moral Truth and Ultimate Ends", p.107.

⁷⁵ Ibid, pp.107-108.

⁷⁶ John Finnis, *Natural Law and Natural Rights*, (Oxford: Clarendon Press, 1980), pp.81-99. This book was first published in 1980, before the GBF account of the basic goods theory had reached its present form. Up to this point, the list of the basic goods varied slightly from author to author and year to year. Hence, Finnis lists 'play' and not 'work'; 'appreciation of beauty' is listed as 'aesthetic experience' and is separate from 'knowledge'; 'peace with neighbours, friends and community' is listed as 'friendship' and; 'peace between one's conscience and consistency between one's thoughts and deeds' appears to come under 'practicable reasonableness'.

⁷⁷ Ibid, p.86.

There are things that we are curious about and which satisfy us when we find the answer, and for no other reason than we are curious beings.⁷⁸ Play is an irreducible part of human culture and is undertaken for its own sake. No further reason is needed to engage in play because play in and of itself is fulfilling for a human being. Appreciation of aesthetic experience does not necessarily involve an action of one's own but can constitute the inner appreciation of a beautiful form outside oneself. Oftentimes though, the experience sought involves the creation or active appreciation of some work of significant beauty. Friendship and sociability involves acting for the sakes of a friend's interests and well-being. This is not the type of friendship which involves instrumental means, where one is friends with someone because it is to one's advantage, but is the type of friendship where one likes the other for the other's personality. Practicable reasonableness involves bringing one's intelligence to bear on problems involving one's actions, lifestyle, and personality. This involves both an internal aspect where one strives to bring one's emotions and habits into harmony with an inner peace of mind and an external aspect where one attempts to make one's external action realise one's internal character. The final good is religion, where one tries to order one's life into a harmony with the origin of the universal order of creation.⁷⁹

There is no hierarchy among the basic goods. The goods are good in irreducibly different senses and it cannot be said that one is meaningfully better than another. Whenever a basic good is at stake, it takes priority in moral consideration. In this sense the basic goods are part of a hierarchy. They stand over instrumental goods which do not perfect the person, over sensible goods that fulfil only the sentient nature of people, and over any morally wrong action in that

⁷⁸ Ibid, pp.60-61.

⁷⁹ Ibid, pp.86-90.

a right action perfects the individual and community.⁸⁰ However, while there is no hierarchy among the basic goods themselves, this does not mean that there is disorder among them. “Prior to anyone’s choice, unfettered practical reason, together with the conditions which human nature inevitably sets for moral life, establish certain natural priorities among a good person’s basic interests.”⁸¹ Life presents a person with choices that help shape his or her commitments. A married couple raising children have many of their objectives, commitments and actions already determined. Living according to the plan of life they have chosen and enjoying the benefits of doing so is a significant part of the happiness which the couple have chosen to pursue.

Modes of Responsibility

In attaining the basic goods, there are what Grisez calls ‘modes of responsibility’. Hanink summarises these modes:

- (1) We should promote the basic goods, even if we do not feel inclined to do so.
- (2) We should promote the basic goods, when reasonable, in a cooperative way.
- (3) We should promote the basic goods rather than merely satisfying our own desires.
- (4) We should not be blocked by our emotions from promoting the basic goods.
- (5) We should promote the basic goods fairly.
- (6) We should not be blocked by emotions from pursuing a more perfect realisation of the basic goods.
- (7) We should not, out of hostility, attack a basic good.
- (8) We should not, out of a greater desire for one good, attack another basic good.⁸²

⁸⁰ Grisez, Boyle, Finnis, “Practical Principles, Moral Truth and Ultimate Ends”, pp.137-139.

⁸¹ Ibid, p.139.

⁸² Hanink, “A Theory of Basic Goods: Structure and Hierarchy”, p.228. For the purposes of this dissertation, I am not interested in the modes of responsibility, which I consider to be the second part of the basic goods theory. I am simply interested in the list of the basic goods themselves. It is this second part of the basic goods theory that causes bitter debate among Catholic moral theologians. However, the list of the basic goods themselves do not appear to cause much controversy.

These modes of response to the basic goods order our pursuit of attaining integral human fulfilment. They act as intermediate principles flowing from the first principle of morality. These modes of responsibility allow one to achieve specific moral norms. GBF believe it necessary to clarify Aquinas's thought on natural law, to make explicit what he held implicitly. They state that Aquinas included modes 5,6,8 in his injunctions. The modes of responsibility allow one more accuracy in showing how precepts become more specific. The modes of responsibility are normative principles that have more specificity than the first principle of morality. Yet they are more general than specific moral norms that identify types of human choices as morally good or bad. Specific moral norms are discovered through consideration of the ways that a proposed action relates a person's will to basic goods, and by considering such proposed human action in light of the first principle of morality.⁸³ The specific moral norm of not intentionally killing the innocent protects the basic good of innocent human life in light of the first moral principle of loving God and one's neighbour as oneself, and it respects the modes of responsibility of not damaging, impeding, or destroying basic goods in oneself or others, either out of hostility or out of destroying that good as instrumental to achieving another good.

The Importance of Religion

The final part of the basic goods theory is concerned with morality, religion and God. GBF ask how the good of religion comes to be such an important stake that it becomes a distinct reason for acting. Their reply is that only "a religious

⁸³ May, *An Introduction to Moral Theology*, p.79.

commitment can integrate the whole of a morally good life” so we need to understand God’s relations with us.⁸⁴

Joseph Boyle deals with this issue in detail in a separate article.⁸⁵ The paper discusses religion’s place within practical reason. Boyle describes a popular misconception of practical reason: that it is thought of as a person’s thinking about how best to achieve the goals he or she wants. Therefore, based on this definition, institutions and practices are derived from human initiatives that seek to serve certain purposes or secure beliefs for an individual or group. So, if religion is thought of as bringing benefit, it gets included in practical thinking and becomes an instrument to achieve desired benefits. Religion is the most preferable mean to achieve these benefits. If these benefits are not desired, religion will not have a place in practical reasoning.⁸⁶

However, Boyle asserts that religion is an end, not a means to an end.⁸⁷ To establish the claim of religion as an end, Boyle excludes two possibilities. The first is that although people seek religious benefits, they seek them not as benefits in the strict sense but only as instrumental means to other benefits. The second is that people seek the good of harmony where the divine is nothing more than a redescription of other benefits sought by people and therefore it is not an irreducible reason for action.⁸⁸ Within practical reason, its place is not that of an ideal which some groups happen to desire and other groups ignore. Rather, it is an objective human good making normative demands on all people. The goodness of religion establishes priorities among goods. The influence of practical reason in the

⁸⁴ Grisez, Boyle, Finnis, “Practical Principles, Moral Truth and Ultimate Ends”, p.141.

⁸⁵ Joseph Boyle, “The Place of Religion in the Practical Reasoning of Individuals and Groups”, *American Journal of Jurisprudence*, v.43, 1998, pp.1-24.

⁸⁶ Ibid, p.1.

⁸⁷ Ibid, p.2.

⁸⁸ Ibid, p.5.

reasoning of individuals should be reflected in the practical thinking and choice of communities.⁸⁹ Religion is not a set of theoretical beliefs about reality, but it is a human response to what is ultimate in reality. The underlying reason for the practical response to the divine is an interest in being in harmony with the divine. Boyle writes that “I propose that a religious benefit is a harmony between person or persons and the divine, that is, God or the gods or whatever is understood to be the ultimate principle of reality and meaning in the universe.”⁹⁰

The idea of harmony or disharmony between the person and the divine is based on common human experience. We can judge ourselves as alienated from the divine through sinful acts. We can perceive success as a sign of divine approval. People seek various methods to remove this disharmony and achieve a state of reconciliation as a benefit. Boyle believes that it is easier to understand if one thinks of the divine as a person and perceives the reconciliation/alienation of the human/divine relationship as similar to what happens between human beings. One tries to do something to remove the alienation between oneself and the divine or to maintain a proper, established relationship and seek a benefit. Boyle believes that “harmony with the divine, the ultimate source of reality and meaning, has the capacity to provide a conceptual and motivational framework for organizing one’s personal life and relationships with people.”⁹¹ Religion can do more to unify the morally good life in a manner in a way that no other good is able. In this sense, harmony with the divine has a moral priority. This is not to say that all other goods are to be pursued as means to religious benefits. All human activities should be ordered to God in that religion provides a supervenient motive for performing what are otherwise beneficial actions. Goods such as exercise and friendship are

⁸⁹ Ibid, p.2.

⁹⁰ Ibid, p.3.

⁹¹ Ibid, p.6.

not anti-religious and can be religious if done with a certain frame of mind. This can be as minimal as saying that one would not exercise if it interfered in one's relationship with God or that an action can include a commitment that one will do non-religious actions in such a manner that it contributes with one's relationship with the divine. In this manner, religion provides a basis for organising one's life with a common, unifying motive for the entirety of a person's actions.⁹²

As for the varying views of different religions, false views about the divine are impossible to correct altogether without the assistance of God, and false views will make harmony with the divine less satisfactory. Boyle never explicitly states a definition of "false views". However, in the same paragraph where he makes this assertion, he mentions exploitative attitudes towards others, unfounded prejudices, and refusal to acknowledge guilt as being skewed views of harmony which some people pursue.⁹³ False views, when used to rationalise individual or social immorality, will not result in a righteous friendship with God. There is a need to realise that the good of harmony with the divine must be pursued in an appropriate way. Also, there is a need to recognise that religions are not devoid of human problems affecting every human organisation. By affirming mistakes and distortions of religion, there is a human good that does not endorse the mistakes of religion but gives reason for getting such practice right.⁹⁴

As for those without a specific religious belief or who are atheists, these people can believe in the existence of an objective good and seek to promote a proper relationship with an impersonal principle. Those who do not believe in a personal divinity often see merit in the natural world that is irreducible to service to human interests and an almost religious piety towards such service is witnessed.

⁹² Ibid, pp.11-12.

⁹³ Ibid, pp.10-11.

⁹⁴ Ibid, p.11.

Harmony is possible not only through interpersonal relationships with the divine but also in the attempt to show allegiance to and live in accordance with an impersonal principle.⁹⁵ This idea that the benefits of religion can be extended to agnostics or atheists expands the coverage of the dissertation to include all people of good will who try to live a moral life. The commitment to an impersonal ideology acts as: the organisational principle by which they lead their lives; the 'life-template' through which they measure their successes; and the hermeneutic by which they interpret events.

Criticisms

This dissertation, in order to examine the basic goods theory more thoroughly, will study the four dominant criticisms of the theory that come from two ethical schools of thought. First, the proportionalists believe that the basic goods theory is too rigid in the way it defines how one may pursue the good. The proportionalists argue that one may morally act against a basic good. They also believe that too much stress is placed by GBF on the will and intention and not enough on the results on one's actions. Second, parts of the traditional Thomistic natural law school believe that GBF adds nothing of value by departing from Thomistic theory. They claim that the basic goods theory is not a natural law theory and that virtue ethics is not given the prominence it merits.

It is not the intent of this dissertation to resolve the imperfections of the basic goods theory, which is still being developed and refined. Nor is its intent to become bogged down in the debate between the basic goods theory and its critics. This is the subject for another dissertation. The intent of the following section is to provide a more detailed knowledge of the basic goods theory, its assertions and

⁹⁵ Ibid, p.4.

weaknesses, and to determine how this influences the application of the basic goods to patients with chronic illnesses. While the criticisms do possess some validity, the theory is fundamentally sound and provides a stable base from which to understand how illness impacts a person's life.

The Proportionalists' Critique of Grisez-Boyle-Finnis

1) *One can act against a basic good.*

The first point of conflict between proportionalism and the basic goods theory comes from the basic goods assertion that acts made against the basic goods can never be morally good.⁹⁶ The model of natural law proposed by the proportionalists, including people such as McCormick⁹⁷, Fuchs⁹⁸, Knauer⁹⁹, Janssens¹⁰⁰, Hoose¹⁰¹, and Vacek¹⁰², is that we live in a finite and sinful world where infinite goodness cannot be achieved in a single action. All of our actions contain

⁹⁶ Richard A McCormick, "Ambiguity in Moral Choice", *Doing Evil to Achieve Good: Moral Choice in Conflict Situations*, eds. Richard McCormick, Paul Ramsey, (Chicago: Loyola University Press, 1978), p.38. It is interesting to note that in the annual Robert Cardinal Bellarmine lecture at St. Louis University in 1981, McCormick, citing Grisez and Finnis and others, gave a list of basic inclinations which are very close to the basic goods of GBF. McCormick's basic inclinations are "the tendency to preserve life; the tendency to mate and raise children; the tendency to seek out other persons and seek their approval (friendship); the tendency to use intelligence in guiding action; the tendency to establish good relations with unknown higher powers (religion); the tendency to develop skills and exercise them in play and the fine arts." Richard McCormick, "Bioethics and Method: Where Do We Start?", *Theological Digest*, v.29, 1981, p.305.

⁹⁷ Richard A McCormick, "Ambiguity in Moral Choice", pp.7-53. McCormick, along with Charles Curran, edited a volume of important essays concerning proportionalism, from which come many of the articles listed. See *Moral Norms and Catholic Tradition*, eds. Charles Curran, Richard McCormick, (Toronto: Paulist Press, 1979).

⁹⁸ Joseph Fuchs, "The Absoluteness of Moral Terms", *Moral Norms and Catholic Tradition*, eds. Charles Curran, Richard McCormick, (Toronto: Paulist Press, 1979), pp.94-154.

⁹⁹ Peter Knauer, "The Hermeneutic Function of the Principle of Double Effect", *Moral Norms and Catholic Tradition*, eds. Charles Curran, Richard McCormick, (Toronto: Paulist Press, 1979), pp.1-39.

¹⁰⁰ Louis Janssens, "Ontic Evil and Moral Evil", *Moral Norms and Catholic Tradition*, eds. Charles Curran, Richard McCormick, (Toronto: Paulist Press, 1979), pp.40-93.

¹⁰¹ Bernard Hoose, *Proportionalism: The American Debate and Its European Roots*, (Washington: Georgetown University Press, 1987).

¹⁰² Edward Vacek, "Proportionalism: One View of the Debate", *Theological Studies*, v.46, 1985, pp.287-314.

features which open up or enhance our humanity and features which close or restrict it. These open-oriented and closure-oriented features are used by proportionalists as a basis for a morally complete approach to moral objectivity. In such a world, one's best hope is to do as much good as is possible and achieve as little evil as possible.¹⁰³ They reject the belief that no premoral evil effect must be directly intended.¹⁰⁴

Proportionalists may agree with the GBF theory up to the point where the theory states that any action that would involve a direct attack on a basic good can never be morally justified.¹⁰⁵ Proportionalists do not reject outright the main ideas of GBF's practical reasonableness and the theory over basic goods. However, they vehemently disagree with GBF's belief that a direct attack on a basic good can never be morally justified. This, proportionalists claim, is an arbitrary absolutising of finite human goods.¹⁰⁶ Whereas GBF believe that it is self-evident that a person can never act against a basic good, proportionalists counter with a self-evident principle of their own: One can act against a premoral good if it brings about the greatest possible balance of benefits over goods.¹⁰⁷ In other words, it is sometimes

¹⁰³ Janssens, "Ontic Evil and Moral Evil", pp.85-87.

¹⁰⁴ See McCormick, "Ambiguity in Moral Choice, pp.35-40. Proportionalists are not consequentialists, as GBF portray them. See Joseph Boyle, Germain Grisez, John Finnis, "Incoherence and Consequentialism (or Proportionalism) – A Rejoinder", *American Catholic Philosophical Association*, v.64, 1990, pp.271-277. Proportionalists would not agree with the statement that one could accede to a terrorist's demand to kill an innocent person in order to save two innocent hostages. They hold that virtually exceptionless norms exist. While they could never envision a situation where one could kill a person in such a situation, they hold that future discoveries about human nature from the social sciences could unveil information that changes our ethical norms. Edward Vacek points out that theoretically, one can never be sure that one has properly seen all the values resident in an act. Hence, one can never be theoretically certain that a given act is always wrong. An absolute value would have to be formulated in such a way that it ensures in advance that the uniqueness and development of individuals, the variations of cultures, the changes of history, and the involvement of God in the world will never introduce significant changes.(Vacek, "Proportionalism", p.294.)

¹⁰⁵ Bernard Hoose, "Proportionalists, Deontologists and the Human Good", *Heythrop Journal*, v.33, 1992, p.176.

¹⁰⁶ Jean Porter, *The Rediscovery of Virtue*, pp.19-20.

¹⁰⁷ Richard McCormick, "A Commentary on the Commentaries", *Doing Evil to Achieve Good: Moral Choice in Conflict Situations*, eds. Richard McCormick, Paul Ramsey, (Chicago: Loyola University Press, 1978), pp.234, 261-264.

morally appropriate to embrace the lesser evil. GBF would look at the sentence 'Choose the lesser evil' and only see "Choose ... evil" and disagree. Jean Porter describes the proportionalists first principle of morality as "Always act in such a way as to bring about the greatest possible balance of premoral goods over premoral evils, given that you can do so without directly bringing about moral evil" and its corollary would be "Never act in such a way as to bring about a premoral evil, unless such an action is necessary to bring about or preserve proportionately greater premoral goods."¹⁰⁸

Bernard Hoose addresses the question of lying as a common example in the proportionalist-basic goods debate.¹⁰⁹ Hoose, as a proportionalist, does not understand why self-alienation must necessarily occur from an act of justified lying. When a crazed murderer asks if you know the whereabouts of your neighbour and you lie and direct him to the police station which results in his being arrested and no one being injured, how does this cause tension and alienation within the self? Hoose asks where is the evil that has occurred from this act of lying.

Hoose is responding to an article published by Robert George in which George attacks Hoose's critique of the GBF basic goods theory.¹¹⁰ George states that instead of lying to the murderer, one can either remain silent, say something true and appropriate but which fails to give the potential murderer the necessary information, or do something to divert the question or prevent him from carrying out the intended harm.¹¹¹ Hoose agrees with George, provided that one of these three options produces a similar or better outcome than lying. However, there will be situations where these three options are not feasible. Remaining silent in the

¹⁰⁸ Jean Porter, *The Rediscovery of Virtue*, p.20.

¹⁰⁹ Bernard Hoose, "Basic Goods: Continuing the Debate", *Heythrop Journal*, v.35, 1994, p.62.

¹¹⁰ Robert George, "Liberty Under the Moral Law: B. Hoose's Critique of the Grisez-Finnis Theory of Human Goods", *Heythrop Journal*, v.34, 1993, pp.175-182.

¹¹¹ *Ibid*, p.177.

face of a question can often answer the question, stating that one's neighbour is somewhere in the western hemisphere will most likely not always satisfy the would-be murderer, and the murderer can only be diverted so many times by complimenting him on the fine craftsmanship of his large knife. Therefore, one is left with either directing the potential murderer to the intended victim or lying about the victim's whereabouts. He states that the GBF belief that telling a lie will damage someone in their personhood when the three alternatives are not feasible is too large a claim. To hold to telling the truth in all situations is to place a reverence for ideas over a reverence for persons.¹¹² George, in the role of advocate for the basic goods theory, writes that lying even in a good cause corrupts individual integrity and destroys the common good that is served by a complete fidelity to the truth. A slippery slope emerges from lying to the murderer to disinformation and insincerity in all other forms of communication. Protecting the truth is not an abstraction, an idea held more sacred than human life, but it is a basic good of persons necessary to their flourishing.¹¹³ However, the proportionalist's point is well-made. This is a situation where the lesser of the two evils must be, reluctantly, embraced. Hoose follows the proportionalist belief that the world, infected with sin, will sometimes produce circumstances in which the lesser evil must be done to avoid bringing a greater evil into the world. Lying to the murderer will produce some internal discord, as the basic goods theory holds. How it damages the common good is something of which George does not provide proof. Yet, it appears better to live with having lied to a potential murderer to save the life of one's neighbour than to live with having provided the murderer with the necessary information to carry out his deed.

¹¹² Hoose, "Basic Goods: Continuing the Debate", pp.61-62.

¹¹³ George, "Liberty Under the Moral Law: B. Hoose's Critique of the Grisez-Finnis Theory of Human Goods", p.178.

A second proportionalist criticism in the area concerning sin is that the basic goods theory is unable to maintain that one sin is worse than another. If one cannot rank the basic goods, then one cannot say that some sins are more grave than others. In this case then, lying to the murderer is as grave as lying to a jury in order to provide an alibi for the murderer. Hoose rejects the belief that if one understands the moral life as a coherent response to basic goods, then a disordered response to any basic good will disorder the moral life. Will telling a lie to a murderer to save the life of a neighbour really create discord in the person? It seems a bit extreme. However, the basic goods do not admit of a ranking that would make one basic good a mere instrument for another and thus deny the unity of the person.¹¹⁴ Therefore, GBF hold that it is irrational to allow for a violation of one basic good in hopes of enhancing the whole moral project because of the disorder that sets in. One could not violate the basic good of self-integration or inner peace in order to promote the basic good of harmony among neighbours and community.

2) *Too much emphasis is placed on intent and will and too little on results.*

A second complaint is that GBF focus their ethics on operations of the will, not on outward performances. Edward Vacek is critical of the basic goods supporters' tendency to look only at intent and not at the effectiveness of the resulting behaviour.¹¹⁵ In the case of the murderer does it not make sense to say that it was morally good not to lie, given the consequences of telling the truth? Will not the burden of having to live with the knowledge that one directed a

¹¹⁴ Hanink, "A Theory of Basic Goods: Structure and Hierarchy", p.237.

¹¹⁵ Edward Vacek, "Contraception Again – A Conclusion in Search of Convincing Arguments: One Proportionalist's (Mis?)Understanding of a Text", *Natural Law and Moral Inquiry: Ethics, Metaphysics, and Politics in the Work of Germain Grisez*, ed. Robert George, (Washington, D.C.: Georgetown University Press, 1998), p.51.

murderer to one's neighbour's location and hence provided the murderer with necessary information create more inner discord than the telling of the lie? Grisez and Boyle argue the proportionalists hold that there is a hierarchy of value, that we can commensurate premoral goods and premoral evils and that people are capable of making a reasonable choice between alternatives that offer diverse goods and can threaten harms.¹¹⁶ This claim of proportionalism is one of its most criticised. The most damaging response made upon the proportionalist school is that they lack the ability to commensurate and compare premoral goods and evils. When proportionalists are asked how to calculate benefits and harms, their critics claim that they fall back on spontaneous and instinctive judgements. The morally good person desires to do the greater good. The proportionalists believe that one can determine prior to choosing which, among countless alternatives, is the morally good one through balancing, measuring, or commensurating in some manner the different ontic goods and evils present in these alternatives. The problem is that there exists no unambiguous measure by which to compare the goods in question. One asks where is the common denominator among the goods in question.¹¹⁷ How does one compare the good of human existence versus the good of truth-telling, as in the case of the crazed murderer? There is no common denominator for comparing the goods of human life, health, appreciation of beauty, friendship, knowledge of truth, peace of conscience and peace with God. Therefore, there is no way to assess a moral action in proportionalist methodology. The basic goods theory holds: that we can only say that some good is better than another in a certain respect; that we can grade various values in various ways but still cannot commensurate different concrete values and; that people make choices

¹¹⁶ Grisez, Boyle, "Response to Our Critics and Collaborators", p.215.

¹¹⁷ May, *An Introduction to Moral Theology*, p.120.

between alternatives offering various goods and harms by not estimating possible benefit versus harm but “in light of moral truths, including the Golden Rule and exceptionless norms that protect the fundamental goods of persons.”¹¹⁸ The moral order cannot be reduced to other orders of reality. Free choice is important to the basic goods theory. The theory focuses on what is chosen, not on outward behaviour or results. What the person intends to do defines the action. Intention always matters in objective morality. One who intends to commit adultery and fails in that act still commits it to some degree. Morality comes from the heart, and therefore, our intention matters.¹¹⁹ You cannot remove choice from action. One chooses to do something and then carries out that choice. This constitutes a human act. Choices endure as part of one’s character, are spiritual and have lasting effects. They are part of one’s character until one makes a choice that is inconsistent with them.¹²⁰ The virtues are relevant to this because they help mould one’s character into the correct disposition to habitually make the right moral decision. They are the vehicles for pursuing the basic goods in our actions.

The debate between the basic goods theory and proportionalism appears at present to have no resolution. Jean Porter, in commenting on the continued debate between the basic goods supporters and the proportionalists, believes that the debate will be interminable until moved from arguing over self-evident truths to debating over accounts of the human good. Then one will arrive at the topic’s proper philosophical and theological arena, which is philosophical and theological anthropology. This is the true argument that will bring about some resolution.¹²¹ Until then, the basic goods school will accuse the proportionalists of having no

¹¹⁸ Grisez, Boyle, “Response to Our Critics and Collaborators”, p.216.

¹¹⁹ Ibid, pp.219,221,230.

¹²⁰ Ibid, pp.217-218.

¹²¹ Jean Porter, “Basic Goods and the Human Good in Recent Catholic Moral Theology”, *The Thomist*, v.57, 1993, p.48.

criteria by which to assess a moral action and the proportionalists will argue that there is no proof that one cannot act morally against a basic good. The dissertation recognises the imperfections of both theories of moral analysis. Proportionalism as yet cannot adequately state how one can weigh the various goods at stake in making a moral decision. The basic goods theory is too rigid in its belief that one can never act against a basic good, focuses too much on intentionality and is not concerned enough with the results of one's behaviour. However, both theories agree about the existence of the basic goods and the human need to pursue them.

The importance of examining the proportionalist charges lies in uncovering critical aspects of the basic goods theory. One's intentions and will are critical in living a moral life and trying to attain some fulfilment. These points are of relevance to the chapter on applying the virtues to patients with chronic illness. It will be argued that even though patients may be limited in their ability to achieve results in certain areas of their life, they must still be open to these goods and desire to attain them.

Criticisms from Thomists

1) The Basic Goods theory is not a natural law theory.

Some Thomists hold that the basic goods theory is not a natural law theory at all. Russell Hittinger believes that any natural law theory needs a commitment to a law which is in some sense natural and nature must be normative in this way.¹²² Critics believe that GBF place a deontological understanding of natural law in place for the original understanding of natural law. Deontological theories dispense with any idea of a normative natural order. These theories are theories without nature. They pretend to identify principles of nature without deriving them from nature.

¹²² Russell Hittinger, *A Critique of the New Natural Law Theory*, (Notre Dame: University of Notre Dame Press, 1987), p.8.

No metaphysical or ontological grounds are given for the principles they assert.

Ralph MacInerny accuses GBF of holding a Humean view of practical reasoning because they regard knowledge of the world as irrelevant to practical reason.

McInerny's point is that how can GBF claim that their theory is based in natural law if they do not derive their beliefs through an examination of human nature, but predominantly involves the use of reason? One gets the sense that the natural law of GBF is derived solely from intellectual reflection while the state of human nature as existing in a physical world is ignored. Does not human nature deserve a prime place in consideration of natural law theory rather than abstract speculation as to what acts are reasonable and what logically promote human flourishing? The basic goods theory, McInerny claims, is too deontological and removed from consideration of human nature. Robert George, a supporter of GBF, writes that in the view of GBF's critics:

a sound natural law ethics derives moral norms from methodologically antecedent knowledge of the nature of man and man's place in nature. According to this approach, metaphysics - in particular that branch of metaphysics that studies man - precedes ethics. Metaphysical anthropology reveals the facts about human nature; ethics then prescribes or prohibits possible acts (or classes of acts) on the basis of their conformity, or lack of conformity to these facts.¹²³

This leads to the last major point to make about the basic goods theory. GBF reject this approach because they believe it contains a naturalistic fallacy which means to infer moral norms from facts about human nature. To discover what is a true human good, one should not look at metaphysical theory concerning goodness, or a specific anthropology. They discuss the 'is-ought' philosophical dictum.¹²⁴ McInerny accuses them of having an excessive distinction between facts

¹²³ Robert George, "Natural Law and Human Nature", *Natural Law Theory: Contemporary Essays*, ed. Robert George, (Oxford: Clarendon Press, 1992), p.32

¹²⁴ Grisez, Boyle, Finnis, "Practical Principles, Moral Truth and Ultimate Ends", pp.121-122. The is-ought distinction basically states that there should be no moral conclusions derived from

and value. Grisez, he believes, insists that the first principles of practical reason are underived and make no reference to human nature but refer only to human good. This leads to an unusual sense of practical reason.¹²⁵ Finnis and Grisez reply to this charge by stating that “there can be no valid deduction of a normative conclusion without a normative principle, and thus that first practical principles cannot be derived from metaphysical speculations.”¹²⁶ It is impossible to derive conclusions about what is good or the way something should be done from a premise that contains empirical or metaphysical claims about the way things are. Therefore, observing the world around us will not tell us what we should do. We learn what we should do by looking at practical reason and learning what will fulfil us as human beings.

McInerny raises two strong points. For a theory based in the tradition of natural law and in Aquinas, GBF appear heavily deontological and removed from considering human nature in the natural world. Deontological theories are not known for being based in a normative natural order. Abstract rules and laws are created through reasonable reflection. However, GBF simply state that the first rules of practical reason cannot be derived from an ‘is-ought’ dictum. The statement ‘do and pursue good and avoid evil’ cannot be found by looking in human nature. Rather, it occurs to humans as true, without supportive proofs. While McInerny makes a reasonable point in stating that GBF rely too heavily on deontology and abstract reasoning to determine human good rather than through

merely factual premises alone. One cannot derive ‘ought’ from ‘is’. A statement about the way a thing *is* does not yield a conclusion about the way a thing *ought* to be.

¹²⁵ Ralph McInerny, “The Principles of Natural Law”, *Natural Law and Theology*, eds. Charles Curran, Richard McCormick, (New York: Paulist Press, 1991), pp.146-147.

¹²⁶ John Finnis, Germain Grisez, “The Basic Principles of Natural Law: A Reply to Ralph McInerny”, *Natural Law and Theology*, eds. Charles Curran, Richard McCormick, (New York: Paulist Press, 1991), p.159.

examining human nature, GBF are in line with natural law when they examine the world to derive the list of basic goods, as Finnis demonstrates:

All human societies show a concern for the value of human life; in all, self-preservation is generally accepted as a proper motive for action, and in none is the killing of other human beings permitted without some fairly definite justification. All human societies regard the procreation of a new human life as in itself a good thing unless there are special circumstances. No human society fails to restrict sexual activity; in all societies there is some prohibition of incest, some opposition to boundless promiscuity and to rape, some favour for stability and permanence in sexual relations. All human societies display a concern for truth, through education of the young in matters not only practical (e.g. avoidance of dangers) but also speculative or theoretical (e.g. religion).¹²⁷

The basic goods are based in the natural law theory which examines the nature of humans and their interaction with the natural world in order to deduce what actions appear to promote human flourishing.

2) *Too little emphasis is given to virtue ethics.*

Benedict Ashley criticises the basic goods theory for paying little attention to the virtues.¹²⁸ Granted that this is not a widespread criticism of Thomists toward the basic goods theory, it is of relevance to this dissertation. Ashley, himself a virtue ethicist and an admirer of the basic goods theory, raises issue with the subordinate role of the virtues. Whereas virtue ethics believes the virtues are important for viewing life as a whole, the basic goods theory instead chooses to focus on personal vocation. Ashley holds that the moral virtues of Aquinas should be central to moral theology.¹²⁹ Grisez and Boyle disagree. Both Ashley and GBF believe that the moral virtues are essential to being morally good, so one wonders why GBF do not give the virtues a more important place. Christians

¹²⁷ Finnis, *Natural Law and Natural Rights*, p.83.

¹²⁸ Benedict M. Ashley, "The Scriptural Basis of Grisez's Revision of Moral Theology", *Natural Law and Moral Inquiry: Ethics, Metaphysics, and Politics in the Work of Germain Grisez*, ed. Robert George, (Washington, D.C.: Georgetown University Press, 1998), p.37.

¹²⁹ *Ibid*, p.37.

acquire the virtues as they begin to discern God's will in their lives. The other virtues are necessary conditions for prudence, for without prudence, one cannot shape the good and moral life. However, GBF do not believe that "detailed analyses of the moral virtues, in general and/or in particular deserve an important place in moral theology."¹³⁰ They are not aware of any evidence that such analyses of the moral virtues and prudence help people to be good and holy, claiming that many saints knew nothing of the virtues. In addition, analyses of the virtues are of no assistance to people who lack them and to children. However, Grisez and Boyle may be mistaken on this point. Their rejection of virtue ethics reflects their heavily deontological sympathies. The whole point of virtue ethics is to train people to become good and moral. Training does make an ethical difference. Besides, asking people to observe the modes of responsibility while they seek out their reflexive and substantive goods does not appear to be more 'user-friendly' than telling people not to have a third dessert because it smacks of gluttony.

A second objection Grisez and Boyle have concerning the virtues is that they cannot serve as premises for normative judgements. They state that "the general theory of virtues and the treatises on the various virtues have virtually nothing to do with the norms articulated in" the *Summa*.¹³¹ Rather, there are general propositional moral principles used to ground and clarify specific moral norms. They ask one to compare what Aquinas says about the virtues in general and in particular with what he says about specific acts such as killing and adultery.¹³² It is true that Aquinas did believe in objective moral norms. Yet, it is not as if a virtuous act could violate such a norm. There is no contradiction between the virtues and objective moral norms. In fact, the virtues tell us how to

¹³⁰ Grisez, Boyle, "Response to Our Critics and Collaborators", p.235.

¹³¹ Ibid, p.236.

¹³² Ibid, p.236.

live a life that is in line with an objective norm-based morality. The virtues have the benefit of suggesting what a life lived in line with an objective norm-based morality looks like.

The third objection to virtue ethics made by GBF is that it represents a singularly bleak framework for a renewed moral theology drawing heavily on scripture, a challenge issued at Vatican II. Ashley admits that Aquinas derives his list of virtues from Aristotle, as well as pagan sources, rather than from the Bible. Ashley claims that the moral virtues are central to how Aquinas reformulated the revealed data of moral life contained in the New Testament.¹³³ Grisez and Boyle say Ashley may be right in his assertion concerning Aquinas, but that does not mean Aquinas was correct. Rather than imposing a theoretical construct from nonbiblical sources on the revealed data from scripture concerning the moral life, the basic goods theory explains their moral implications in terms of cooperating with Jesus, imitating his life and teachings and making one's personal vocation the exemplification of the Beatitudes.¹³⁴ Grisez and Boyle make a good point. However, the beatitudes are not specific in themselves and they would soon find themselves forced to turn to non-biblical examples and sources to expound on the gospel message, as did Aquinas.

The main concern that GBF have about employing the virtues is that they worry about societies reflecting the virtues of that particular society which are in reality violations of norms.¹³⁵ Virtues cannot create basic moral principles for society. Virtues are dependent upon character traits, and when society is promoting character traits that endorse violating the natural law, then the virtues become a way of creating evil in the world. Hence, the Nazi physician who

¹³³ Ashley, "The Scriptural Basis of Grisez's Revision of Moral Theology", p.48.

¹³⁴ Grisez, Boyle, "Response to Our Critics and Collaborators", p.236.

¹³⁵ Discussion with Joseph Boyle, September 11, 1999.

conducts dangerous experiments on concentration camp inmates is held up by Nazi society as possessing a virtuous character. For GBF, to employ a strong virtue ethics approach, which holds that the dominant method of moral analysis be limited to the virtues, is to ask for trouble that need not be. The basic goods theory offers seven goods that should be striven for and never acted against. The modes of responsibility list appropriate moral conduct. So a Nazi physician, in their theory of moral analysis cannot act against the basic goods of human life itself and of peace with neighbours. The physician has violated the modes of responsibility in performing his experiments. GBF appear fearful that without definite rules, society has become so incapable of reading the natural law that specific laws must be spelled out and modes of responsibility enunciated. Aquinas, in 1a2ae.94.4., writes that the natural law is known to all; however, there will always be a portion of the population and whole societies who through perverted passion, evil habit or an evil disposition of nature fail in recognising natural law precepts. Perhaps this is GBF's reason for moving toward a moral theory with heavy deontological sympathies. In theory this makes the basic goods theory easier to apply for moral analysis in that the goods are universal and not contextualised by a particular society. However, in practical terms, one wonders if a society that does not recognises the virtue of truth-telling, compassion, or mercy would recognise or be influenced by the basic goods account of the moral life. Where the virtues are not recognised it is doubtful that an account of the basic goods would retain any forcefulness. A society that recognises the basic goods would probably recognise an account of the virtues.

The concerns that GBF have with virtue ethics are not insurmountable. It is not as if GBF are opposed to the moral virtues. This would be far from the truth. While Grisez and Boyle may be guilty of an under-appreciation of virtue ethics,

even they admit that to dwell on the differences would be a mistake because the problems are of minor significance.

The criticisms of some Thomists, concerning the is-ought distinction and the significance of virtue ethics, do not sidetrack the dissertation in its use of the basic goods. The is-ought distinction could aid patients somewhat in recognising that they are to rely upon their own intellectual powers of reflection to determine what path of life will lead to fulfilment and not rely on what society perceives the role of the chronically ill to be. As for virtue ethics, this dissertation is already committed to taking a virtue approach to chronic illness. The criticisms of GBF are not of major significance and can be successfully countered.

CONCLUSION

The natural law theory of Aquinas leaves room for confusion. Aquinas never meant his list concerning the precepts of the natural law to be exhaustive. There is no clear answer as to the content of natural law. While one does not expect a precise code-like book full of statutes concerning Thomistic natural law, current discussion over Thomistic natural law theory is somewhat confusing and lacking in clarity. This confusion makes it difficult to apply Thomistic natural law to the concrete details of a person's life. This is where the basic goods theory holds one advantage over Thomistic natural law. It has taken Aquinas's approach to thinking about natural law, emphasising practical reason, and expanded on what Aquinas, for whatever reason, left obscure.

The basic goods theory, in its basic form, is fairly easy to understand. The first principle of practical reason, 'do and pursue the good and avoid evil', holds that the intellect reflects on human experience where human natural inclinations point toward goods that are reasonable in themselves. The intellect then decides

that these goods should be pursued because they promote human integral fulfilment. According to Grisez, the first principle of morality is derived from the first principle of practical reason. It states that a person should will and choose only the possibilities that are compatible with integral human fulfilment. The basic goods are those goods that the intellect perceives as reasonable in themselves and which have, upon reflection, promoted human flourishing. The modes of responsibility are intermediate principles flowing from the first principle of morality and tell us how to act toward the basic goods.

The seven basic goods offer an encompassing picture of what a life well-lived looks like. They represent seven spokes of a wheel, which to function well, must all be in good repair. Hence, when examining the lives of chronically ill patients, a sort of template is available to understand where their concerns fit into the pattern of a life well-lived. Complaints by patients about alienation from other people is the lack of the existential good of peace with friends, family and harmony among individuals and groups. The chronic illness may keep patients from developing any one of the seven basic goods. The goods allow one to identify where a patient is suffering in their lives. The importance of the basic good theory is that it believes that while one must pursue a basic good, it says that one should not ignore the other basic goods while striving for a certain good. Hence, the concern raised earlier in the dissertation of a patient focusing too much on the goods that have been affected by the illness at the cost of ignoring other goods.

Theoretically, this theory should be able to be applied across cultures, with variations attributable to specific beliefs of that culture. No matter in which culture a person lives, the same basic human instincts apply. If one uses the virtue theory based in natural law and expressed through the basic goods, many of the worries discussed in chapter two concerning applying virtue ethics to medical ethics

disappear. Max Wartofsky's belief is that if culture does define virtue, that this means that virtues change from period to period.¹³⁶ Expressions of virtue change to fit the new circumstances, but the basic need of people stays constant throughout history. People are still oriented toward self-preservation, pro-creation, gaining knowledge, and living in community. This has not changed, only the context in which the virtues must adapt to be expressed in new situations. If viewed from the perspective of the basic goods, MacIntyre is perhaps too pessimistic in his belief that dialogue can no longer work between patient and physician. A physician knows that when a patient comes to see him/her, that the patient desires a return to health; one can assume that when asked a question, the questioner is seeking the truth and not lies; one can guess that most people desire peace with their neighbours and in society. Human beings are not as alienated from each other as the picture MacIntyre paints. One finds it difficult to believe that people as a general rule would not be oriented toward the basic goods, and would find it irrational when observing other people pursuing them. While a culture may express its values somewhat differently from its neighbours or its descendants, these values are still oriented toward attaining and preserving the basic goods. The basic goods motivate all people and provide a basis for a common understanding of the other's good. Natural law and the basic goods are not culture bound and can be applied to the whole human race.

As was discussed in the Pellegrino critique, virtue is limited in its ability to decide medical ethical questions in a pluralistic culture. Virtue is better focused on a patient-centred ethics, while noting, as Pellegrino, Drane, and May state, that there is an important need for role-virtues in professional ethics. Patients who are aware

¹³⁶ Please refer to the section "General Accounts of Virtue in Medical Ethics Literature" in chapter two.

of the basic goods theory and understand how virtues function as conduits of the basic goods will be able to resolve for themselves many of the ethical dilemmas facing them. They are aware of the goods which go into making a happy life and how illness affects these goods and they can best decide on the course of lives.

The virtue ethics/basic goods theory also provides a way of dealing with the problem of pluralism. The second chapter made reference to the lack of current articles dealing with happiness, stating that this was symptomatic of a principle-based ethics that left the individual space to define a happy life, but gave no assistance in defining what such a life looked like or how to go about achieving it. This is a contribution that patient-oriented virtue ethics has to offer medical ethics. No real rule changes concerning happiness when a patient is afflicted with chronic illness. The person is still a human being, and as such, will flourish through pursuing and attaining the basic goods through virtuous activity. Being ill does not exempt one from attempting to attain the basic goods: it simply changes how the goods are pursued. Karen Lebacqz began to develop this idea in her article. However, she did not take her idea far enough. Rather, she stopped by looking at the virtues needed by a person to make it through an ordeal as a patient. Perhaps for someone in the hospital for a broken leg which will mend, this is an appropriate approach to take because the person will resume a normal level of health. Yet, for the person with chronic illness, his or her state of health is a permanent state, and the virtues cited by Lebacqz will not promote happiness, merely how to survive an illness. However, these beliefs are all conjectures that must be applied in the fifth chapter to case studies of patients with chronic illness.

CHAPTER FIVE

APPLYING THOMISTIC VIRTUE ETHICS TO CHRONIC ILLNESS

INTRODUCTION

A brief summary reiterating the prominent features of Thomistic virtue theory is necessary before the results of the pilot study are analysed. In chapters three and four I argued that the natural law is the basis by which Aquinas determined what is a virtue and a vice. An action which promotes the natural law, and hence leads to one's flourishing, is a virtue. An action which violates the natural law, and leads to one's floundering, is a vice. A closer examination of Aquinas's text reveals that he wrote about the natural law only on the primary precepts. His writings concerning secondary and tertiary precepts are vague, leading to confusion and debate in secondary literature on Thomistic natural law.¹ I argued that his lack of specificity and the lack of consensus in the secondary literature made it untenable to utilise Aquinas's natural law in this dissertation. Rather, I suggested that a new natural law theory, the basic goods theory which is heavily indebted to Aquinas, offers the specificity lacking in Thomistic literature.

Natural law is important to the dissertation because without it, there is no way of determining what is or is not a virtue. The dissertation can drift in any direction without a firm anchor as to what constitutes a virtue. In regards to the pilot study, the new natural law theory allows one to understand how the chronic illness affects the lives of the patients through its impact on the basic goods. If one understands how the basic goods are affected, then one will understand what virtues will become important to the person because natural law is the foundation of the virtues. If the basic good of health becomes affected, one can expect that temperance and its allied virtues will become important to the patient. If one's social and familial relationships are altered because of the disease, one can look at

¹ Please refer back to the section "Primary and Secondary Precepts" in chapter 4, pp.122-126.

justice and the allied virtues under social justice in order to find the virtues that the patient will employ.

A key point to stress is the link between natural law and the virtues. In regard to the dissertation, it is best not to think of the natural law as a separate theory. The dissertation employs one theory, Thomistic virtue theory, of which natural law plays a key conceptual role. An analogy is that of a wheel. Without a hub, the wheel cannot function. It is the foundation of the wheel, around which everything revolves. The natural law, or the basic goods, is the hub. The basic goods represent the core reasons for why people act. They are at the nub of peoples' existence. The spokes are the virtues. Just as spokes emanate from the hub, virtues derive from the natural law and are actions which promote the natural law. When one is worried that the basic good of human life and health is becoming adversely affected, one takes actions to rectify the situation, usually through the virtues of temperance, be it refraining from excess food, getting more sleep or exercising more often. The rim of the wheel can be considered happiness or human flourishing. For it to function as a wheel, it must be supported by enough spokes for the wheel to be operable. If it lacks the requisite number of spokes for it to function, it crumples and is no longer a wheel. It is the same with happiness: remove enough virtues from one's life, and one is no longer happy.

This analogy will help one to understand the link between basic goods and the virtues, which becomes important in analysing the data from the pilot study. The pilot study was focussed on determining how patients go about living well with osteoarthritis. It looked for traits of the patients which helped them to achieve a level of happiness that was acceptable to them. Five themes emerged: the necessity of possessing a realistic perception concerning the illness; an enhanced awareness of their feelings of gratitude to those around them; marshalling the strength to cope

with the illness; maintaining self-identity in the face of threat; and understanding what factors maintain their quality of life.² The study does allow one to identify virtues. It also allows one to understand which basic goods were affected which in turn allows one to explain why certain virtues can be found in the pilot study. From the five themes, one can look forward to understand which virtues are relevant to the lives of the patients, or one can look back to the basic goods which are the grounding from which the themes arise. The basic goods make sense of actions and help to understand what motivates the patients to act: one acts so as to pursue the basic goods. So the five themes are not merely indications of the virtues, they lead us back to the basic goods themselves. From the five themes we can infer that the patients manifested such actions for a reason, because it is unreasonable to think that five osteoarthritic patients showed signs of gratitude by sheer coincidence. The reason the theme of gratitude is present is that it helped to fulfil a need, or a basic good(s). The patients were not showing the virtues of courage and gratitude without a reason. These virtues operated in the patients' lives as a response to fulfilling a basic good threatened by the illness. The five themes are expressions of an attempt to fulfil the basic goods. Once one understands which basic goods were affected, it aids in placing the virtues in context. One can now understand why certain virtues are important to the lives of the chronically ill. The virtues serve an explicit purpose of securing the basic goods.

The study was geared toward seeking out how patients lived well with osteoarthritis. It did not specifically examine the issue of basic goods in the lives of the patients. This raises a methodological concern: how can one say, with a level of certainty appropriate to a sociological study, that certain basic goods are affected by the presence of osteoarthritis in one's life?

² Swift, *Living Well Through Chronic Illness*, p.1.

The answer is that one cannot say so with the surety of a sociological study because the pilot study was not directed at determining the presence of the basic goods in the patients' lives. The EC pilot study was aimed in the general area of finding if one could locate the indications of virtues through patients' narratives. The patients were interviewed and the analysis done by a healthcare researcher. I choose to include the basic goods because I think it makes for a more complete and satisfying understanding of how the virtues operate in the lives of the patients. I analysed the narratives and the pilot study analysis to determine the presence of the basic goods and I believe that there is a basis for saying that the five themes indicate the presence of the basic goods as an operative force guiding the patients' actions.

The five themes are attempts by the patients to respond to basic goods which have been affected by the illness. As was stated earlier, these themes do not evolve out of thin air, but are responses to something. I argue that they are attempts to seek out the basic goods. The basic goods will be linked to the themes in a more comprehensive manner in a following section; however I want to give a brief outline of how the two are connected in this section. I think that the theme of developing a realistic perception over their illness results from the basic good of human life and health being adversely affected. The patients developed a clear picture of the medical condition and treatment, listened to the body and read its signs, and tried to maintain a balanced perspective on life with the condition. They also stressed being pragmatic about other people's (mis)understanding of the disease. Through developing these four techniques, the patients felt that the disease did not overwhelm them and that they could cope with the disease, in other words, the basic good of human life and health was maintained to a degree.

The second theme to emerge from the patients' narratives was gratitude. This is linked to the basic good of peace with neighbours and friends. The patients

remarked at how their illness resulted in both a reaffirmation of the importance of family and good friends in one's happiness and how a lack of understanding among other members of society concerning the effects of their illness caused them to feel alienated from parts of society and how this adversely affected their lives. Certain virtuous action was witnessed in an attempt to further the basic good and limit any damage done to it: i.e., they expressed the virtue of gratitude itself to those who drew closer to them through the disease and forgiveness towards who acted with ignorance toward them through a lack of understanding concerning the disease.

The third theme mentioned was having the strength to cope. The patients understood themselves to be in a fight with the disease and for this they needed courage, determination, patience, and perseverance. A main role of strength to cope was to allow them to endure the worst moments of the pain and to continue living a life they wanted to live. If one asks why they wanted the strength to cope, it was because they valued the basic good of human life and health. In their most dire moments of despair, they choose to continue living rather than give into the disease because they believed that there was no alternative but to cope. They wished to attain the basic good of human life and health and the virtues that allowed them to achieve it were courage, patience and perseverance.

The fourth theme was maintaining self-identity in the face of threat. Osteoarthritis appears to have consequences in regard to self-identity and self-worth. The patients speculated about the traits that others might attribute to them because of the illness. They did not want undesirable characteristics attributed to them. The sense of self-worth is the capacity to perceive and understand one's worth and an awareness of things that threaten it or maintain and increase it. Implicit in this is being able to recognise that having worth matters to one. There is a link between self-identity and self-respect. One respects one's self through living

in accordance with one's belief's and standard, meaning that one acts out one's values and so maintains a sense of integrity.³ This theme is tied to the basic good of self-integration or inner peace which creates a harmony among one's judgements, feelings, and choices and the basic good of peace of conscience and consistency between one's thoughts and deeds. The patients could not externally act out their inner values or characteristics. While they wished to present themselves as a certain type of person, the illness did not always allow them to. The illness frustrated the realisation of these basic goods and the patients then focussed on the many of the allied virtues of social justice in an attempt to compensate for the damage done to this good.

The final theme emerging from the pilot study was that of understanding what maintains one's quality of life. Patients cited factors that contributed to their quality of life and which gave them some measure of happiness, such as being in relationships with others (the basic good of peace with neighbours and society), cultivation of interests and past-times, and being able to maintain activities which were important to them. Under these themes, the basic good of playful activities and skilful work is found. The patients spoke of how putting their mind to activities and hobbies aided them in their quality of life, let them feel as if they were in control of their disease and not just drifting through life. The virtues associated with this were the allied social virtues of justice and a rise in the appreciation of the intellectual virtues.

³ Robin Dillon, "Introduction" *Dignity, Character and Self-Respect*, ed. Robin Dillon, (London: Routledge, 1995), p.29.

Other Methodological Concerns

Because this is a first attempt to understand how the virtues operate in the lives of these people with their circumstances of having a chronic illness, certain methodological concerns arise. This section will examine the extent to which one can generalise concerning the chronically ill as a group.

Can the chronically ill be generalised as a group?

Is it plausible to say that if a group of five osteoarthritic females, all between 63 – 89 years old, born and living in England, displayed certain patterns of behaviour in response to a specific disease, we can then generalise these findings to other groups of patients? Will a group of Italian male patients in their twenties with testicular cancer demonstrate the exact same virtues represented by the pilot study patients? It is imprudent to hazard a guess at such an early stage of research. More studies are needed to confirm any pattern. There does emerge an overarching pattern of virtuous activity by these five women that I think will basically hold for all people, but this is only surmise based on the theory that all people strive to achieve the basic goods and that chronic illness will impact these goods in certain patterns. The women first demonstrated courage in facing the illness, prudence in finding out how to live with the disease, temperance in adjusting to new demands on lifestyle and justice in terms of meeting new social demands. They react to concerns common to all humans. What one cannot generalise is how a twenty year-old Italian male would react in his use of the allied virtues. As an example, the pilot study patients all felt damage had been done to the basic good of peace with neighbours and society because of their illness and they reacted by stressing certain allied virtues of justice, namely allied virtues dealing with social justice. I would anticipate that a twenty year-old Italian male diagnosed with testicular cancer would

feel damage done to this same basic goods and that his reaction would be based in the virtues or vices of justice. The question is whether differences of age, sex, culture and disease make a difference in which virtues he utilised. Given that only one pilot study has been done, it is imprudent to hazard a guess. The methodology of the project demands that we can only state that in the study of these five women with osteoarthritis, this pattern of virtuous and vicious activity was witnessed. So, the claims of my dissertation are very limited, given the very initial stages of research done into the area. As similar studies emerge, then one can begin to see patterns through chronic illness as a whole rather than the specific patient population of elderly English females with osteoarthritis.

There is one more concern which should be addressed before moving to the analysis of the pilot project. Coping strategies can appear deceptively like virtues, and the distinction between the two must be clarified.

COPING STRATEGIES

Coping is defined as:

the process of managing demands (external or internal) that are appraised as taxing or exceeding the resources of the person ... Coping consists of efforts, both action-oriented and intrapsychic, to manage (i.e., master, tolerate, reduce, minimize) environmental and internal demands and conflicts among them.”⁴

Coping efforts centre on five main tasks: to reduce harmful environment conditions and enhance prospect of recovery, to tolerate or adjust to negative events, to maintain a positive self-image, to maintain emotional equilibrium and to continue satisfying relationships with others. There are several coping strategies used by patients for dealing with the effects of chronic illness. In many cases they

⁴ Taylor, *Health Psychology*, p.258.

cannot continue with the lifestyle to which they are accustomed. The pace of modern life is too fast even for many healthy people. Modern society is built “on an unacknowledged assumption that everyone is healthy, non-disabled, young but adult, shaped according to cultural ideals, and often, male”.⁵ Life is structured around what the young, healthy, adult male can do. To accommodate the stress of an illness and to adjust to a new lifestyle, coping strategies have been divided into two categories: problem-solving efforts and emotion-focused coping. Emotion-focused coping tries to regulate by cognitive methods the emotional consequences of the stressful event rather than changing the actual situation whereas problem-solving efforts attempt to reduce stress by actively confronting the problem to try to reduce it to manageable sizes. For example, stress in the work environment might best be reduced by problem-solving efforts to reduce the workload whereas certain health problems may be best managed by an emotion-focused coping strategy.⁶

For a threat repeated over time, as a general rule, an emotion-focused coping strategy such as avoidance is not very successful. However, there are certain chronic illnesses such as cancer that have few direct action factors such as problem-solving or confrontative coping. These illnesses raise uncontrollable factors and therefore, other emotion-focused coping strategies that utilise distraction and emotional regulation do appear to work better. In the aftermath of other illnesses, such as myocardial infarction, confrontative coping and planful problem-solving strategies help to modify lifestyle habits in the hope of reducing further risk. As was mentioned above, there is evidence that using avoidant coping strategies, such as forgetting the disease, fatalism, passive acceptance, withdrawal from others, blaming others and self-blame leads to poor adjustment and higher psychological distress,

⁵ Susan Wendell, *The Rejected Body: Feminist Philosophical Reflections on Disability*, (London: Routledge, 1996), p.39.

⁶ Taylor, *Health Psychology*, pp.231-236.

whereas lower psychological distress is found among people who use positive, confrontative responses to stress, such as maintaining a feeling of internal control, belief that one can control one's illness, and seeing illness as a challenge to be met and overcome.⁷

In a study of 172 Dutch patients who belong to patient organisations, a preference was shown by the patients for active ways of coping with their illness. They believed that perceiving illness as a challenge that involved a balanced attitude allowed for active as well as passive coping strategies. It was best neither to fight the illness at all costs nor to foster the illness.⁸ This theme of having an active and problem-solving style of coping with illness appears prominently among studies and literature on chronic illness. In a survey of 153 people with disabilities in Chicago, 54.3% of the respondents with moderate to serious disabilities reported having an excellent to good quality of life. The report found that one's quality of life depends upon having a balance between body, mind, and spirit in oneself and creating a harmonious set of relationships within the individual's external environment and social context.⁹

This report echoes a common theme in its surprise at the high percentage of patients with chronic illness and disability that report a good to high quality of life. Healthy, non-disabled people assume that because the ill are limited in some of their physical or mental abilities, then their quality of life must be severely reduced. However, such estimations occur from the perspective of a healthy person who has the ability to pursue the values and goals that he/she wants, and hence to be

⁷ Ibid, p.375.

⁸ Denise De Ridder, et al, "Beliefs on Coping with Illness: A Consumer's Perspective", *Social Science & Medicine*, v.44, 1997, pp.555-558.

⁹ Gary Albrecht, Patrick Devlieger, "The Disability Paradox: High Quality of Life against All Odds", *Social Science & Medicine*, v.39, 1999, p.977. The study compares this to a variety of national surveys on people with no disability in America in the 1990's which cite that 80-85% report being satisfied or very satisfied with their quality of life.(p.981)

successful in his/her own evaluation. Disability and chronic illness change people's attitudes toward success. Success is not seen as wealth, status, or prestige.

"Disability becomes a job where persons must marshal their entire resources and give their best efforts to succeed. Satisfaction is derived from doing a good job with one's life."¹⁰ Hence, the good life comes from meeting the challenge that chronic illness imposes on one, redefining one's goals and meeting them despite the illness.

On the surface, this appears to pose a challenge to the dissertation's argument that those with chronic illness should not let it define their life by focusing on the illness to the detriment of pursuing the basic goods. However, the illness acts as a challenge to overcome in the attempt to pursue the basic goods. To achieve the basic goods, patients must focus on their illness and take it into account. Achieving the basic goods despite any disability is the goal of one's life, not the disability itself. The disability simply provides the context in which the basic goods are achieved. Chronic illness appears to provide an orienting factor in one's life, the basic good which GBF state is required to give meaning to one's life and which they suggest should be religion.

However, religion is not displaced in the chronically ill person's life. In fact, it appears to have a more important role than in the life of healthy, nondisabled people. Patients report the need for more faith, believing that it made people stronger and pain easier to bear. Faith has been found to have supportive effects on the immune system.¹¹ Studies have shown a relationship between aspects of spirituality and enhanced ability to cope with stress and illness, loneliness, increased depression and anxiety.¹² Patients with a religious orientation report less fear about

¹⁰ Ibid, p.983.

¹¹ Ina Alewell, "What Do Patients Think?" *Health Promotion and Chronic Illness*, ed. Annette Kaplun, (Copenhagen: World Health Organization, 1992), p.408.

¹² Debra O'Neil, Elaine Kenny, "Spirituality and Chronic Illness", *Image: Journal of Nursing Scholarship*, v.30, 1998, p.276.

the future, felt more optimistic, felt more peaceful, productive and purposeful than those with existential beliefs regarding religion or those who were non-spiritual.¹³ The two most frequent spiritual exercises mentioned are prayer and reading scripture, with the ritualistic practices of prayer offering the greatest comfort.¹⁴ In regard to the basic goods, it appears that religion is one of the basic goods that the chronically ill pursue with greater diligence than other groups of people. It seems to act as an anchor in their life which provides some direction, unity and security in their lives.

This is not to say that all the reports are unanimous over the beneficial effects of religion on the ill. Findings are varied. A survey article asking the question if being religious helps or hinders coping with chronic illness stated that although there are a “limited number of studies looking at religion and coping with chronic illness, those which have been conducted suggest that religion is a common coping mechanism which may have positive effects in relation to adjustment.”¹⁵

The chronically ill state that their high quality of life comes not from denial of the consequences of illness, but rather they:

explain their well-being in terms of acknowledging their impairment, being in control of their minds and bodies; being able to perform expected roles; having a ‘can do’ approach to life; having a spiritual foundation and outlook; constructing and living in a reciprocal social world, including emotional give and take; and, feeling satisfied when comparing one’s self to one’s capabilities and the conditions of others in similar situations.”¹⁶

In this summary, one can see an expression of some of the basic goods: having a spiritual foundation links to peace with God; being able to control mind

¹³ Barth Riley, et al, “Types of Spiritual Well-Being among Persons with Chronic Illness: Their Relation to Various Forms of Quality of Life”, *Archives of Physical Medicine and Rehabilitation*, v.79, 1998, pp.261-262.

¹⁴ Cathy Young, “Spirituality and the Chronically Ill Elderly”, *Geriatric Nursing*, v.14, 1993, p.300.

¹⁵ S. Dein, J. Stygall, “Does Being Religious Help or Hinder Coping with Chronic Illness? A Critical Literature Review”, *Palliative Medicine*, v.11, 1997, p.294.

¹⁶ Albrecht, Devlieger, “The Disability Paradox”, p.984.

and body appears to relate to human life, health, and bodily integrity; being able to perform expected roles links to playful activity and skilful work; and constructing and living in a reciprocal social world including emotional give and take conforms to having peace harmony with neighbours and living in a just society. A lack of basic goods may be found in the factors involved in a poor quality of life:

In the words of persons with disabilities, poor to fair quality of life is due to the disorganizing experience of pain; being de-energized by continual fatigue and a sense of hopelessness; the loss of control of corporal or mental activities; and/or having no clear purpose or spiritual outlook in life.¹⁷

The presence of pain causes one to lose control over one's body, social life and environment. The body becomes the dominant centre of attention in one's life. It isolates the individual and makes suffering a lonely experience. The basic goods of human life, health and bodily integrity and peace with one's neighbour and society are damaged. Fatigue robs the person of the ability to plan, perform roles, and live a full life, sapping the life force from one. Self-integration, the ability to lead the life one wants to lead, is impaired. Peace of conscience, where one is able to act out one's inner values, is hindered by the discrepancy between what one wants to do and what one can actually do. The basic goods will be returned to later, in the section 'Examining the Results in Light of the Basic Goods Theory', when the results of the pilot study are examined.

THE DIFFERENCE BETWEEN VIRTUES AND COPING STRATEGIES

As was discussed in the above section, coping strategies are ways in which patients reduce stress and learn to adapt to a new situation involving major lifestyle

¹⁷ Ibid, p.985.

changes. Two elements go into determining which coping strategies are utilised: the external factors and the character of one's personality. The external situation is something which cannot always be controlled by the patient. A person usually cannot choose to come down with osteoarthritis, endometriosis, or most other chronic illnesses. They are events that happen to the human body and involve little or no control by the sufferer. Some situations favour avoidant coping strategies, as in the case where little can be done to influence the cause of stress, such as a trip to the dentist. Other situations favour active problem-solving coping strategies, such as how best to resolve an over-loaded work schedule, or how best to avoid suffering a second myocardial infarction.

It is argued that what the patient does control is the development of his/her personality. This is the internal factor concerned with which coping strategy is employed by a person. Some people will have such a personality that they would rather find out all the information possible about a situation causing stress in order to determine how to confront the problem, whereas others prefer to ignore the problem. These characteristics of their personalities that determine how they prefer to deal with a problem do not appear by chance. Personalities are formed and moulded. Characteristics are either promoted or submerged. The virtues help to form the personality. Whether a person has the type of personality to 'attack' a problem in hopes of eliminating it as a source of stress depends on whether the virtues of prudence, courage and perseverance are present. If they are, then a person will be able to understand if the situation favours a problem-solving or an avoidant coping strategy, and then have the courage to carry out the plan of action and persevere until the situation is resolved. The virtues or vices form or deform the personality of the person, and the personality determines how the person responds to a situation. The virtues or vices exist ontologically prior to the

character traits of the person, as was discussed in the section on natural law in the chapter on Aquinas's virtue ethics. They therefore exist prior to coping strategies. A person who obeys the virtues will have a 'good' personality and be able to achieve some happiness through responding appropriately to specific situations. The person with a vicious personality will not be able to respond in a manner that is appropriate to human flourishing and therefore suffer accordingly.

Therefore, coping strategies and the virtues are not the same thing. The virtues determine which coping strategy is employed. The presence or lack of courage, prudence, understanding, patient, perseverance, etc., will decide the character of the agent and it is the agent's characteristics which then decide which coping strategy best suits the situation.

EXAMINING THE RESULTS OF THE STUDY USING THE BASIC GOODS

At this point I think it is necessary to examine how the basic goods were present in the pilot study narratives. When analysing the narratives and the themes which emerged from the narrative against the basic goods, one can see which areas of these patients' lives are adversely affected and which areas gain in flourishing. By studying the areas adversely affected, it is hoped that then specific virtues may be identified that can promote some flourishing or satisfaction in the patients' lives. Through studying the basic goods which seem to be positively impacted by chronic illness, specific virtues can be identified and reinforced to aid happiness.

The results from the study show that six out of the seven basic goods are affected through the introduction of osteo-arthritis into the patients' lives: human life and health; playful activities and skilful work; self-integration or inner peace;

peace of conscience; peace with neighbours and society, and religion.¹⁸ While these five were negatively impacted, however, peace with neighbours and society and playful activities and skilful work were also positively affected in that an appreciation of the value of these goods was enhanced and efforts made to cultivate them. A third basic good, peace with God or some more-than-human source, was mentioned in reference to feelings of gratitude toward abstract concepts such as life or good health, however the evidence for this conclusion is somewhat vague and my conclusion is open to reconsideration.

The basic good of human life and health was, not surprisingly, one of the more mentioned themes. At points in their illness, the good of human life seemed to pale in comparison to the cost of maintaining life in terms of pain. Patients mentioned that in their worst moments, usually occurring when they were alone in the middle of the night, they thought of wishing to escape human life through death. They reluctantly accepted the need to recognise the deterioration of their body and health and to accept the negative emotions about coping with the body's limitation. Feelings of frustration, resentment and regret over the loss of bodily health had to be integrated into their self-image. They viewed themselves as if in a fight against the pain which isolated them from pursuing other goods in life. It may be considered the core basic good whose damage leads to the further harming of other basic goods. Had the patients' health not been impaired, they would not have experienced the loss of ability to pursue valued pastimes, meaningful work, the withering of friendships, or the internal disharmony concerning their limited ability to express their inner nature. Their life would not have had such a radical disruption:

¹⁸ Please refer to the section "The Basic Goods" in chapter four "Natural Law and Basic Goods" for a review of the basic goods.

I never thought I'd end up like this ... It changes your life completely.
Patient C¹⁹

Interviewer: I wanted to ask you if your outlook on life has changed since you got ill?
Well, it's had to change in some ways because of the fact that I'm stuck here must change the outlook on things but there again I try to be philosophical about that ... but it does change your outlook in that I was used to having so many different points of view, so many very interesting points of view when I travelled all over to these different countries and I do miss that and I regret that it's come to an end because I'm still interested in everything.

Interviewer: Has it changed your priorities at all?
Yes. Without doubt. They change enormously. Oh God yes, and how they do.
Patient D²⁰

The patients mentioned that to limit the damage done to their life by chronic illness, it was necessary that they come to a realistic perception of their illness, an important theme brought out in their interviews. Much of the energy in their lives as people with osteoarthritis was focussed on living with the disease and moderating its impact on their health:

I mean now, my feet and my hands and throbbing, burning, with the arthritis. I'm aware of it, but I don't take no notice of it. And this is how I cope with going round the house. I don't sit feeling sorry for myself, that doesn't get you anywhere.
Patient E²¹

I mean the pain is there all the time, pulling ... To have it all the time, and I mean I can go to bed and I take pillows and I used to lie back but I can't do that now and I get sore sometimes. I can't even roll around and I've got to get out and bring myself round to ... I mean the last I turned to myself "I don't want to go through that again" ... they've got to give me something for the pain because the more I go on, the pain gets worse.
Patient C²²

... but I don't know, it's just too awful for words. I don't wish anybody ... I know when I had my cancer thing, it was nothing compared to this pain...
Patient A²³

¹⁹ Patient C, p.1.

²⁰ Patient D, pp.7-8.

²¹ Patient E, p.11.

²² Patient C, pp.6,16.

²³ Patient A, p.2.

Certain types of activity had to be limited, the amount of physical activity had to be monitored, diets changed, social schedules had to be altered to fit in with their level of ability. The disease appears to have to be taken into consideration in most of their deliberations. They had to learn to understand the ebb and flow of the disease within their body, how to moderate activities and to come to accept the permanence of their condition.

The second basic good negatively affected by the osteo-arthritis was playful activities and skilful work. The disease limited the ability of the patients to exercise and partake in activities in which they formerly found satisfaction and relaxation. Extended vacations become day-trips, physical activities such as walking or gardening had to be parcelled out in small doses and a price in pain expected to be paid for it. Normal day-to-day activities of keeping up with household chores such as shopping or cleaning became very difficult and needed much planning to carry out. Expressions of frustration were noted at the lack of freedom to be able to continue on with activities that previously had brought them stimulation and enjoyment:

I mean at one stage I wasn't anywhere near as sedentary as I am now, I'm a doer ... it isn't easy to sit around. I don't like to look out in the garden and it's a mess, it really is ... I can't get down on the floor and polish it like I used to. I just can't do it. And it affects you. And usually when I've had an upset or ... I do something, I turn the cupboards out or go for a walk, or dig the garden or get rid of your frustrations in a physical way, but I can't now.²⁴

Patient B

The cessation or reduction of participation in these activities also had the impact of making the patients feel that their self-identity was threatened, one of the five themes emerging from the interviews. Habitual patterns of behaviour were now greatly curtailed. However, this is a basic good which also received positive

²⁴ Patient B, p.1.

reinforcement. The reduction of the more physical activities was replaced by mental activities, such as crosswords puzzles, reading, or watching quiz shows and sporting events. The absorption into mental activities had the effects of: getting the mind off of pain; making them feel they were in control of the disease; raising the quality of life; and increasing abstract appreciation for existing physical and mental abilities. These points fall into the themes of knowing what maintains one's quality of life and gratitude for existing qualities of health and mind:

And when you read of course, you gather knowledge and all sorts of things and when you listen to quizzes you think 'Oh, I know that. Like 'Fifteen to One' or those tea time quizzes and you think I'm not so thick after all!' And it sort of keeps your mind active.

Patient B²⁵

Peace with neighbours and society was a second basic good that was both negatively and positively impacted by the disease. The illness caused alienation from neighbours and the rest of society in that the patients felt frustration at the misconceptions of others relating to the effects of the disease. The patients expressed anger when people doubted their accounts of the affects of the illness, such as the intensity of pain or the limitations imposed. Alienation and anger appeared to occur from segments of society when the patients decided that to know what life was like with the disease, one had to have the disease:

... pain is a funny thing, unless you can see it, you know, people don't seem to feel sympathy for you ... and that's another thing I found, people do not listen to what you say. They listen but they don't hear, do you know what I mean?

Patient A²⁶

You know nobody cares because people are like this. We ought not to be here anymore, you know, after you're sixty, nobody's bothered ... Not that I want people to roll out the red carpet for you and clear the pavement for you, but people walk straight at you! They'll see you trying to get in a door, and they'll walk through the door and let it swing back in your face. That

²⁵ Ibid, p.3.

²⁶ Patient A, p.4.

can affect you ... (*the illness*) goes right into your social life as well, right across the board really.

Patient B²⁷

And I got the stage really where I'd cry because I'd feel no-one was helping me, and I often used to say, you know, 'Please, can somebody help me?' you know, moaning to myself and crying and carrying on and rocking backwards and forwards.

Patient A²⁸

They worried that the effects of the disease on their actions would lead others to think that they were unfriendly, antisocial, ungrateful and exaggerators. A result of the belief that their own experience of the disease was not believed was that they had some difficulty maintaining their self-identity. They worried that perhaps the others were correct in their assessment that the patients were over-reacting to the situation and they themselves were mistaken:

They think I've exaggerated. But that's the sort of thing that's very aggravating when you're in pain. You really do you feel 'Oh come on, what I'm telling you is what they've told me.' But I find people say 'You're repeating it wrong.' Or 'You're imagining part of it.' They don't mean to be unkind but they just don't listen.

Patient A²⁹

However, in certain respects, peace with neighbours and society was promoted. The themes of gratitude and maintaining a balanced perspective on life with the disease are relevant to this area. The illness served to bring into clarity the importance of social relationships and institutions to humans concerning their ability to flourish. The help of neighbours, good friends and family helped the patients maintain a balanced perspective on life with their condition and appeared to lessen their sense of isolation from other parts of society. They appreciated better the social aspects of life, gaining an heightened enjoyment for the pleasure that

²⁷ Patient B, pp.4-5. Italics placed by author.

²⁸ Patient A, p.1.

²⁹ Ibid, p.4.

family and friends bring to life. This was one where the theme of gratitude was most noticeable remarked upon:

My next door neighbour, she's absolutely marvellous. She's seventy-seven and been helping me! She'll call in on me and (*indistinct*) shops and then calls in and asks if I'm all right.

Patient C³⁰

I've got loads of people who help me ... I've got some very good women friends ... But I do get a lot of help from my friends and I get a lot of help from my daughter. Untold moral support"

Patient B³¹

The most important thing in my life in the moment – I think it's got to be the kindness of my girls, the fact that they are so supportive is really very important to me.

Patient D³²

Just as the good of peace with neighbours and society was damaged through the lack of understanding of the part of others, so too does this lack of understanding damage the patients' sense of self-integration or inner peace. They questioned their self-worth in that the attitudes of others caused them to believe that they themselves were to blame for their limitations. The impatience of others with the patients due to the effects of the disease caused the patients to create a poor self-image, causing them to isolate themselves from society. Whereas the basic good of peace with neighbours and society caused them to worry that the illness forced them to act in ways that others might take to be antisocial, unfriendly and ungrateful, this in turn appeared to affect the patients in that they felt bad about themselves for presenting such an image to the public. Their self-worth was also damaged through a decline in social invitations due to others believing that it would cause the patient too much pain to go out. The patients stated that they forced

³⁰ Patient C, p.3.

³¹ Patient B, pp.4,11.

³² Patient D, p.9.

themselves to be pragmatic about other's understanding of the their illness and realise that the misconceptions lay with these others and not themselves. They expressed feelings that the disease may have had the effect of producing unwelcome changes in their personalities:

In some ways it's made me more vindictive. Sort of saying – I know nobody else ... what's worried me most of all was that people thought I was not telling the truth. I felt people thought I was exaggerating and thought I was making a fuss about, well not nothing exactly but making a lot of fuss.
Patient A³³

I must admit I'm quite envious of the people doing the kind of things I like to do and can't do ... I think it has altered me in some way, you know. I don't think anything like this doesn't alter you. Something does alter you no matter what – when you got something like, well it's quite a hill to climb this...
Patient A³⁴

Interviewer: ... has having had the illness changed the way you feel about yourself?
It disgusted me ... I was absolutely disgusted. I felt dirty.
Patient A³⁵

The fifth basic good that emerged from the interviews was that of peace of conscience and harmony between one's thoughts and deeds. The illness forced the patients to act in ways they did not want to and this upset the patients because it represented an image of them which was not true. This goes back again to the basic good of peace with neighbours and society in that the patients worried that other's had negative opinions of them because they could be seen as sources of inconvenience, fussy, unfriendly, and exaggerators of problems. They wanted to partake fully in activities with others, being able to stand at length at parties and chat with others rather than have to be seated most of the time and appear aloof or to not ask for special considerations when they went out with others, such as having a

³³ Patient A, p.4.

³⁴ Ibid, p.5.

³⁵ Ibid, p.8.

certain type of seat, special handling in getting out of cars, slowing the pace of walking of others, etc.:

I used to help the old people and different things, going around selling raffle tickets and doing baking and I don't do that now ... Look after them, have outings with them, dinner, I used to help with that.

Patient C³⁶

What breaks my heart is not being able to pick my granddaughter up. And play with her. And I used to play with them, dance with them, and pick her up. I never thought the day would come that that would happen. That is sad ... I mean it has turned my life around and if (*granddaughter*) comes in now I'd want to be messing around, you see, and all of a sudden you could some place take her for a walk and all of a sudden she'll swing around and want to be picked up and you have to explain again, and I don't know ... I mean I didn't realise I was going to be like this, when I look back when my mum was widowed she loved to go on holiday and I thought I was going to be the same and as I say it's just completely turned my life upside down ... it's frustrating if you've got to ask somebody for what I call simple things, or should be simple things.

Patient C³⁷

I think it's hard for me ... because I've been on my own for so many years and I've had to do things. And all of a sudden I'm not able to do these things and it is hard, it just completely turned my life around.

Patient C³⁸

They believed that these were not core traits that were representative of their personality and they did not want them associated with themselves. They saw themselves as being realistic about their condition and having to act in certain ways with reluctance. However, they worried that others would misinterpret their actions.

The last basic good mentioned was that of religion. The patients mentioned abstract qualities that were indicative of a relationship with a more-than-human source. They expressed gratitude toward the abstract qualities of good health and the pleasant experiences associated with human existence, such as meaningful

³⁶ Patient C, p.6.

³⁷ Ibid, pp.7,11,14.

³⁸ Ibid, p.16.

relationships, the beauty of nature, or the little things that make life worth living. Because empirical studies report the beneficial effects of religion, religion itself shall also be examined in addition to the more-than-human aspect of this basic good.

These six basic goods are all somewhat interrelated in regard to how they are affected by chronic illness. As was mentioned earlier, the lynchpin is human life and health. Once this basic good was adversely affected, other basic goods were damaged. The lack of health forced the patients to curtail their activities in regard to play and work, which affected their sense of self-identity. Their self-identity was also threatened in regard to peace with neighbours and society. Friends who were unaware of the implications of the disease did not understand how it affected the patients, and the patients felt their own accounts of pain or the extent of limitations imposed by the illness were doubted by friends, neighbours and relatives. The patients resented this and felt socially isolated because no one understood what they were going through. They also were invited out less often because of the beliefs of others that the patients did not want to be asked out because it would cause them pain or that they were too much of an inconvenience. Self-integration or inner peace was similarly affected by the patients' self-identity being challenged. Patients reported that their self-integration was challenged through the attitudes of others. The negative thoughts or impatience of others made the patients feel negative about themselves, and doubt their own self-worth. This in turn lead to peace of conscience and harmony between ones' thoughts and deeds being damaged. In order to avoid pain or worsening the condition, the illness demanded that the patients act in certain ways. The patients did not believe that their actions reflected their real character, but worried that others would see them as unfriendly, fussy or exaggerators. This did not reflect their true selves yet they had to act in that way in order to live with the disease.

THE RELEVANCE OF THE VIRTUES³⁹

What happened in the lives of the patients was that they understood certain aspects of their lives, the basic goods, to be threatened or impaired through the illness and they automatically sought out certain actions to help repair this damage. The fact that the patients did not use the language of virtues is not surprising because it is not in general use today. The language of rights and principles is more familiar to the public. However, that the patients acted virtuously without labelling it so is a testimony of the insight of virtue theory into understanding human nature and how happiness is achieved. The actions of the patients, whether they labelled them in virtue terminology or not, were virtuous actions.

The virtues which were relevant to patients with chronic illness will be examined through analysing the basic goods that were affected. In their interviews, the patients' narratives revolved around the five themes mentioned above. These themes in which they discussed how the illness affected aspects of their lives were analysed to see how the basic goods were affected. In the interviews the patients discussed the effect the illness had on their lives and the actions that they took in response to the effects. Their responses to the illness were either virtuous or vicious actions. What appears to have happened in the patients' lives was that an illness intruded, five basic goods categories were adversely affected, three were positively impacted, and the patients performed virtuous or vicious actions in an attempt to still pursue the basic goods and work towards flourishing.

To understand specifically which virtues and vices were pursued, the statements of the patients were placed into the themes and these statements

³⁹ Please refer to Appendix A, which has charts that correlate the affected basic goods and the virtues that attempt to promote or limit damage to that specific basic good.

examined to see if any of the virtues were relevant. A brief overview of how the virtues operated is that courage is first needed to face the illness; prudence is utilised to understand the nature of the task of living with chronic illness, temperance then makes use of the findings of prudence and takes the necessary steps to moderate the effects of the illness; and justice enters when the patients interact with others in daily life. The results are somewhat what one would expect. The response to the basic good of human life and health being adversely affected was that the allied virtues of prudence and temperance, as well as the intellectual virtues were often described as ways of promoting this basic good. Courage was necessary because in their worst moments the patients thought of death and needed the strength to continue. There were some surprises however. The basic good of self-integration or inner peace did not have much to do with other virtues except those related to the cardinal virtue of justice, which is primarily concerned with giving others their due. This relates to another surprising theme: that much of the happiness derived by the patients comes from other people's exercising virtues. If other people acted virtuously towards them, their happiness increased, when others acted viciously toward them, their self-esteem and self-worth was damaged and so feelings of inner peace were marred. This section of the chapter will look at the effects of the basic goods and determine which virtues were predominately associated with attempts to secure or promote the basic goods.

The Passions

The passions were also relevant to an understanding of how the virtues operated in the patients' lives. The concupiscent passions were of less relevance than the irascible. Concupiscible passions are oriented to objects perceived as good by the appetite. With the illness, many of the goods had to be moderated in their

use or avoided altogether and this was the function of temperance. The irascible passions were the more dominant passions relevant to the circumstances of the chronically ill patient. These passions deal with the intense and fiery emotions that occur when a patient is presented with an obstacle to overcome in achieving a good or avoiding an evil. The patients perceived that a great obstacle had been placed into their lives and which could have very adverse affects if not countered somehow. The irascible emotions are divided by Aquinas into three groups: hope and despair; fear and daring; and anger which has no counterpart. Hope is focussed on a future good that can be achieved only through overcoming some difficulties. The patients maintained hope that they would be able to live a reasonably happy life with the illness if they endured the hardships imposed by the illness and maintained a careful lifestyle through avoiding activities which aggravated their illness. The activities which aggravated the illness were held in check by temperance. While the patients had moments of true despair, these were fleeting and despair never became an entrenched emotion. The pain caused by the illness caused the patients the emotion of fear, which is a reaction to a future evil that the person perceives as present. In other words, the patient could imagine all of their future life with the pain as present and experienced fear. The opposite of fear is daring, which is an attack on the evil, and can be impulsive and rash. The patients did not show this emotion. Rather, their methods of dealing with the illness exhibited forethought and calculation, and so used the virtues of prudence and courage. Anger is a reaction to a present evil that is affecting the person, and implies either hope of revenge or sadness. It does not will evil but wishes to be avenged of evil. The patients recognised that the suffering that they are undergoing is an evil, which they can minimise but never remove, and so anger denotes a sadness of the evil in their lives that robs them of some measure of happiness.

Human Life and Health

Three cardinal virtues and their allied virtues were utilised by the patients in an attempt to restore or minimise the damage done to human life and health: courage; prudence; and temperance. As was mentioned in the first chapter, there is a unity to the virtues in that where there is one, there will be others. The virtues are interconnected and mutually supportive, and this fact is demonstrated in this and the following analyses of the basic goods. Courage was needed to face up to the unpleasant and painful effects of the chronic illness. The patients saw themselves in a battle against the illness, and to prepare themselves for this battle, they needed prudence. Prudence gave them the ability to think rationally about the disease and to come to have a realistic understanding of it, which in turn gave them the courage to face it. In order to face the illness, they needed a 'game plan' that would allow them to live with it. This is where temperance was important. Temperance allowed them to learn to live with the disease by understanding how to moderate the impact of the disease through controlling their actions. In order to understand which actions needed to be moderated, they needed the virtue of prudence. So there is an interconnection between all three virtues. Take one away, and the 'game plan' falls apart.

Courage was one of the most prominent virtues mentioned in regard to this basic good. The patients understood themselves to be confronted with a situation where their basic good of health was severely compromised and death entered their thoughts. Courage was needed to face up to the task of continued living and its allied virtues of patience and perseverance were of particular importance to their chronic illness because, unlike the virtue of courage itself which faces a mortal danger and then returns to a normal level of anxiety, chronic illness is a daily

confrontation with hardship and special virtues are needed to face this long-term fight. In the darkest moments of the illness, when they were in intense pain and felt isolated from all others and the life that they once knew, the patients thought of death:

I mean there were times ... when I just wanted to die myself because the pain was so extortionate and the headaches and I was going round in a whirl, I felt as though I was on heroin, or whatever they call it, and I thought I'm not in this world any more, there was so much going on and what with the pain, and I used to virtually ask God to take me.
Patient E⁴⁰

And I've often said – I'm not all that religious but I often say 'Please, look, take me home'. I don't want, you know, to live through it ... If it had been a dog I would have put it to sleep ... But because I am human I have to go through it.
Patient A⁴¹

Life is viewed as a struggle, a fight whose goal is not to give into despair. Courage, usually associated with the danger of death incurred in warfare, is shown by the patients. Chiefly concerned with the dangers of death, courage:

has the task of protecting the human will so that it is not turned back through fear of bodily harm from the good proposed by reason. Now we hold steadfastly, in the face of any evil whatsoever, to the good proposed by reason, with which no mere bodily good can compare.(2a2ae.123.4.)

The patients were confronted with an evil, a painful chronic illness, and had to steel their wills to continue to pursue the good proposed by reason: human life.

An allied virtue of courage, magnanimity or enterprise, seems to be a part of the patients' mindset. Magnanimity implies a certain aspiration of spirit to great things and is about having a certain greatness of spirit. Technically, it "establishes the mean of reason with regard to ... public recognition ... recognition in itself is a special good and so magnanimity considered in itself is a special virtue."(2a2ae.129.4.) While it is concerned only with great distinction, it is

⁴⁰ Patient E, p.12.

⁴¹ Patient A, p.2.

applicable to the patients in the sense that “it coincides with courage inasmuch as it strengthens the mind for a strenuous task; but it falls short of courage in strengthening the mind for the task in which it is easier to remain steadfast.”(2a2ae.129.5.) Once the initial despair has passed and thoughts of death have receded until the next low period, the patients are still left with a battle on their hands to try to maintain a certain level of happiness in their lives. This is an ongoing effort requiring more exertion than those in good physical health and so magnanimity, while not technically a perfect application to the patient’s situation, does grasp the sense of the patients’ circumstances:

It’s quite a hill to climb this ... it’s a fight to get better actually.
Patient A⁴²

I fight against feeling sorry for myself.
Patient B⁴³

I think it probably helps with this (*points to leg*) because I think ‘I won’t be beaten’
Patient B⁴⁴

The patients learned to be patient and persevere, both allied virtues of courage, through the bad times of their illness. Aquinas saw endurance as part of courage: “endurance involves being physically affected, but it also involves the action of the soul clinging most bravely to some good, so that it does not give way under pressure of physical duress.”(2a2ae.123.6.r4.) Patience is about enduring hardships and helps to shield the person from feelings of sorrow or dejection and it perseveres in continuing on toward a good end. It fights against suffering and does not let it overwhelm the reason.(2a2ae.136.1.) Perseverance is concerned with

⁴² Ibid, p.5.

⁴³ Patient B, p.4.

⁴⁴ Ibid, p.2.

helping other virtues achieve long-term goals and endures as long as is necessary so that other acts of virtue can be achieved:(2a2ae.137.1.)

What can you do? You've got to get through. Well, what do you do? How do you not get through?

Patient B⁴⁵

With a lot of determination actually, yes. It's taken me sometimes three or four hours to dress myself because I can't bear to pull down there and pull it up ... but it's just a matter of sort of you've got to do it really, haven't you, otherwise you just don't, you might as well die ... you've got to get on with it haven't you?

Patient A⁴⁶

There are some times in the mornings when I get up and haven't had the injections for eight or ten weeks and oh God, I really want out of it, I can't walk and it is so painful, it's horrible, and I think 'What am I living for? No, come on, walk around, have a cup of coffee, do something.

Patient D⁴⁷

This ability to rely on courage and persevere through the worst times also meant the virtue of prudence was necessary. One of the five themes discovered in the pilot study analysis was the realistic perception of the illness in order to learn how to live with it. The patients needed to learn the ebb and flow of the disease, realise that there are good and bad days, accept the permanence of the condition, and that there would probably be no miracle cure in the near future. Prudence involves knowing which things to seek after and which things to avoid. It resides in the reason and means 'looking ahead.' The prudent person is one who is keen-sighted and can see how uncertainties will play out. It "learns from the past and present about the future: this is the special office of reason, since it involves a process of comparison."(2a2ae.47.1.) The allied virtue of prudence which was most relevant to the patients was sound judgement, which deals with questions concerning every day life. Sound judgement has three stages: taking counsel;

⁴⁵ Ibid, p.9.

⁴⁶ Patient A, p.3.

⁴⁷ Patient D, p.4.

forming a judgement on what has been discovered; and commanding action to bring about what has been thought out.(2a2ae.47.1.) This process can be seen to be performed in the patients who were grappling to comes to terms with how to cope with the osteoarthritis:

I'm always hunting out doctors.
Patient A⁴⁸

You hear it from other people you see, and they're right. I find these things out for myself.
Patient C⁴⁹

... and then I've bought endless books on osteoarthritis and so you give up (*certain foods*) – I have not eaten an orange since my knees went, no tomatoes, and I don't know whether its worked or not because I could have been worse if I'd eaten all these oranges that I used to, but you don't know, do you? ... I could have been worse, I could have been better, who knows?
Patient D⁵⁰

Prudence was also needed in order that the third major virtue, temperance, could be utilised when the basic good of human life and health was challenged. Various allied virtues were found in the patients' reaction to their health being affected: humility; abstinence; fasting, gluttony; and sobriety. Temperance controls the concupiscible passions in their pursuit of bodily goods and avoidance of bodily evils. People rebel against reason in regard to pursuging bodily goods which serve reason's purpose because they try to seek enjoyment of them but they do so out of bounds of reason and go to excess. Whereas courage controls our fear of bodily pain and controls our boldness to strike out at it, temperance controls our affections for goods and controls the grief or sadness when these goods or pleasures are not present, because we grieve when what pleases us is absent.(2a2ae.141.3.) The patients learned to limit the activities which caused them pain and made the illness worse. They had to have the humility to accept the existing physical capacities of

⁴⁸ Patient A, p.8.

⁴⁹ Patient C, p.2.

⁵⁰ Patient D, p.7.

their bodies and learn to accept these limitations. They daily monitored the amount of physical activity they undertook, were sensible in eating and learned not to overdo things or fail to judge physical capability correctly:

Just make the most of it, and look after yourself and be sensible with your eating, be sensible with your activities and just say to yourself, 'I may be a lot better tomorrow.

Patient E⁵¹

when I go up to the (*shopping centre*) there's no way I could walk the length of it. I've got to go and park outside a specific shop and I use what I call my walking ration up.

Patient B⁵²

But that's what it is with this complaint, I always say you've got to be half and half – active and rest. Active and rest.

Patient E⁵³

I think what you've got to do is rest quite a bit. And pace yourself. I mean I go bull mad at things sometimes. It's like this lecture I went to on Monday evening. And I enjoyed it. But I realised I'd done too much the next day. But you've got to adjust your life to what you can do. I'm not saying it's easy to do.

Patient B⁵⁴

They expressed some negative feelings toward having to rein in their activities, which is only natural. Desire lead us to have an appetite for what is pleasurable and temperance checks this desire. Pleasure arises from congenial activity and the more natural the activity, the stronger the pleasure. Aquinas writes that “most natural for animal life are the activities that preserve the individual, by eating, drinking, and the species, by coupling of male and female.”(2a2ae.141.4.) Temperance extends secondarily to the pleasures of sight, sound, smell and taste in that these add to our pleasure gained through using the tangible necessities of life. The patients had to curb many of these appetites and found this difficult to bear:

Not being funny, but I'm still in the angry stages at the moment, not being able to do things.

⁵¹ Patient E, p.12.

⁵² Patient B, p.1.

⁵³ Patient E, p.8.

⁵⁴ Patient B, p.3.

Patient C⁵⁵

I'd like to go to (*indistinct*), I'd like to do this or that but I can't. And that's annoying."

Patient B⁵⁶

I feel as though I've been cheated. I'm not active.

Patient E⁵⁷

As was mentioned earlier, the basic good of human life and health was the lynchpin from which the other basic goods started to be adversely affected. This resentment at the necessity to curtail activities crosses over into another basic good.

Playful Activities and Skilful Work

The patients experienced frustration at the limitations imposed on them by the illness in regard to not being able to pursue former activities and employment which brought satisfaction and enjoyment. The above section on human life and health mentioned the need to act with moderation in certain activities to avoid further deterioration of health. Some patients had to quit work, could not travel as much, could not socialise in their accustomed manner, or get around to do shopping as they once did. This meant that physical activities became less prominent in their daily existence and mental activities gained more prominence. Intellectual virtue deals with two things: through consideration of the truth, they make us capable of knowing what goods to pursue; and let us appreciate more and fulfil our rational nature, which is what differentiates humans from animal and vegetative life. Because the ability to reason and reflect are the traits marking one as human, when the patients turned toward more intellectual activities, they embraced what constitutes themselves specifically as human. Aquinas directs several

⁵⁵ Patient C, p.16.

⁵⁶ Patient B, p.2.

⁵⁷ Patient E, p.13.

questions to the topic of the active and contemplative life.(2a2ae.179-182.) By contemplative life, he refers to a life contemplating God, meaning the virtue of wisdom, but included in this is the use of the other intellectual virtues. He writes that “all men naturally desire to know, and therefore they delight in the knowledge of truth”(2a2ae.179.7.) He lists several reasons why the contemplative life is more noble than the active life: it suits what is most excellent in humans, their intellect; its delights surpasses that of the active life; and it is lived by what is most proper to humans, their mind, whereas the activities of the active life involve the lower powers common to humans and animals.(2a2ae.182.1.) The patients would not necessarily agree with Aquinas that they should be feeling happy that their new lifestyle exercises their intellectual virtues more than when they were in better health. They appreciate the benefits of mental activity, but miss the active lifestyle they had when they had better health:

When I have a bad day I am sensible, I don't try and do housework then, I sit down. I take my tablets, put my feet up, I'm not interested in any of that when I'm in a lot, a lot of pain. I'll just sit there all on my own and then I'll struggle out of there and make a cup of tea.
Patient E⁵⁸

it's no pleasure to me sitting in a chair just watching television when I like to go out ... it restricts you of course. You're not as happy and free as you might be, are you?
Patient A⁵⁹

usually when I've had an upset ... I do something. I turn the cupboards out or go for a walk, or dig the garden or get rid of your frustrations in a physical way, but I can't now.
Patient B⁶⁰

In this sense, the virtue of good manners (the modern sense of the virtue would be rendered 'play'), an allied virtue of temperance, suffered. According to

⁵⁸ Ibid, p.8.

⁵⁹ Patient A, pp.5-6.

⁶⁰ Patient B, p.1.

Aquinas, moral virtue includes play. We need to rest and restore our bodies because we cannot work without a break. Pleasure is rest for the soul and the body. Too little play is a vice just as is anything that conflicts with reason in human actions is a vice.(2a2ae.168.1-4.) The illness limited their abilities to cultivate the intellectual virtues in some senses. While the patients were oriented toward them before the illness, the reduction in physical activity caused the intellectual virtues to acquire a new stature and prominence in their daily life. The speculative intellectual virtue of intellect seems to be affected. The virtue of intellect is concerned with a truth known through another by means of an inquiry of reason.(1a2ae.57.2.) The intense level of pain sometimes drove other thoughts from the mind or it decreased the ability to seek out new activities stimulating to the intellect:

It's difficult to hold onto something when you're in real pain. I'm thinking of a time when I'm sitting on the edge of the bed and sort of rock myself backwards and forwards and your brain goes really quit void in a sense, I think, it has to I think, to relieve you of the pain in a funny sort of way because while you're thinking about it, it's getting worse and worse but somehow if you can get it out of the brain ...

Patient A⁶¹

I used to travel a hell of a lot, and that I can't do any more and there comes the same thing back again, that I take my memories out, but it does change your outlook in that I was used to having so many different points of view, so many very interesting points of view when I travelled all over to these different countries ... I do miss that and I regret that its come to an end because I'm still interested in everything.

Patient D⁶²

you start off (*on a trip*) and think, oh lovely, but the more pressure you put on your legs, it's bad ... It gets worse and worse and worse and you can't stand up very long ... so I know not to go on long journeys. And it's restricted quite a lot of what I can do.

Patient C⁶³

In the interviews the patients acknowledge that they miss the activities that they used to be able to perform, but they do not dwell on the topic. Rather, they list

⁶¹ Patient A, p.15.

⁶² Patient D, pp.7-8.

⁶³ Patient C, p.4.

the measures that they have taken to replace the loss of favourite pastimes.

Whereas being ill may have robbed them of opportunities that they had previously found to be intellectually stimulating, such as travelling, it is the intellectual virtues that appear to 'pick up the slack' when patients perform less physical activities and are restricted to the home. Both the speculative intellectual virtues of understanding, intellect and wisdom, and the practical intellectual virtues of craft and prudence appeared to undergo a renaissance. Concerning the speculative virtues, mental activities such as reading, doing crosswords, or watching quiz shows were mentioned as the patients main source of relaxation and enjoyment:

... so you think, 'What can I do now?' So you get a book out, and I've got, what, five book cases full, to the floor. I've got this theory that because you can't get outside I have to do something in here ... I do a lot more reading, or listening to the radio, or crosswords or quizzes, or anything you can do sitting down. So in that sense I've changed. But I've done a lot of these things before. But obviously I've adapted and I do a lot more of it than before.

Patient B⁶⁴

I do a bit of reading, books and magazines, and I was sitting here a couple of weeks ago and I was so bored and I said to myself, for God's sake, do something, take your mind off of it and I picked up my puzzle book and I was doing that, and I won a little prize in it.

Patient C⁶⁵

Reading is my best friend, without doubt, yes. I'm always reading ... You've got to (*remain mentally active*). If you don't, you become a cabbage and that won't do at all.

Patient D⁶⁶

This appetite for intellectual pursuits also covered the virtue of wisdom, which considers the highest and deepest causes and goes back to first causes and which will be discussed more thoroughly in the section on religion.(1a2ae.57.2.)

The reduction in physical activity led to more time to reflect on abstract appreciation on human existence and its attendant physical and cognitive abilities

⁶⁴ Patient B, p.1.

⁶⁵ Patient C, p.5.

⁶⁶ Patient D, pp.6,8.

and denoted an awareness in the inherently fulfilling aspect of using the human intellect:

I'm not religious by any means but I do think that you have to respect the fact that you are here and that somebody got you here. I mean you're not ... I mean, look at the birth of a baby for one thing. It's the most marvellous thing that anyone can think of really, isn't it? ... I don't know what the answers are to some of these awful things that are happening to people, I don't know what's (*indistinct*) to that, don't know, life is very complicated really, but it's fascinating ... I think there must be a power of some description that holds us together somehow, unless you're going to fall that other way and think we're just like animals ... There are all sorts of weird things that go on in life that fascinate me to death actually.
Patient A⁶⁷

Peace with Neighbours and Society

Peace with neighbours and society was attacked by the illness causing social isolation through the attitudes of others who have no idea what life with the disease is like. The 'others' tended to be people who had little personal bonds with the patients and did not know them as persons. However, the basic good was also given an opportunity to flourish. A renewed appreciation for those close to the patients - family, good friends and neighbours - helped the patient maintain a balanced perspective on life with the condition through still possessing important personal relationships and being part of a community. The illness brought into clarity how reliant humans are on social relationships and institutions to flourish as individuals.

It is not surprising that the cardinal virtue of justice and its allied virtues play a large role in supporting this basic good. The thoughtless treatment that the patients experienced at the hands of others made them much more aware of the vices of social injustice such as defamation or whispering. They believed that they

⁶⁷ Patient A, p.13.

were victims of others acting with injustice when it came to passing judgement.⁶⁸ It also draws awareness to the point of how much of the individual's happiness comes from other people's exercising the virtues. The patient's self-worth was damaged when people treated them poorly. Besides the virtues of temperance noted in the section on human life and health, which occur time and again in the patient's narratives, the social justice virtues stand out as most prominent. The virtue of gratitude occurred frequently throughout the narratives as the patients discussed how they coped with the disease. The virtue serves to support what Aquinas would consider a primary natural law precept of living in community and what the basic goods theory calls peace with neighbours and society. The vices undermined this precept so as to wear down the patients' desire to interact with society because they were made to feel bad about themselves:

It (*society*) does not cater for someone who is not one hundred per cent perfect. Especially someone with disabilities. And when I go walking, there is a zebra crossing right on the roundabout in (*town*) so a car comes – varoom- and stops and driver is drumming his fingers and waiting for you to get out of the way and you think 'Oh dear.'
Patient B⁶⁹

... people don't like other people's pain an awful lot you know. Do they? Not really ... generally talking, people aren't really interested in when somebody's got a pain that's continuously a pain anyway are they?
Patient A⁷⁰

I've had all sorts of funny remarks passed to me ... I find sometimes I shy away if I've got a really bad day but I know if I'm going to say 'Oh, its awful today', people are going to say 'Oh, is it?' sort of just like that, you know, without really being concerned.
Patient A⁷¹

⁶⁸ Aquinas writes about passing judgement in 2a2ae.60. He treats it in the introductory section on justice and describes it as an act of justice. It is not placed in the sections on the virtues and vices of justice, and appears to be a necessary condition which decides if certain acts are virtuous or vicious. Passing judgement seems to summarise the feelings of the patients about how they were unjustly treated by others. If others had not passed judgement on them, the rest of the vices, such as defamation or whispering would not be present. The purpose of an act of justice is to give what is due to another, allowing people to live companionably in common.)"2ae.58.2.)

⁶⁹ Patient B, p.4.

⁷⁰ Patient A, p.15.

⁷¹ Ibid, p.5.

The patients responded to the situation by showing the virtue of clemency and gentleness toward the vice of defamation, or an unjust act of passing judgement. Defamation is the taking away of another person's character in one of two ways: through defaming the honour of a person or drawing attention to character flaws which detract from a person.(2a2ae.72.1.) People detracted from the dignity of the person in the first sense through acting callously. Drumming one's fingers on the steering wheel is meant to harm the person and make them feel inadequate, just as giving a thoughtless reply to a person in pain shows a lack of respect for the person which diminishes that person in stature. Passing judgement is concerned with what is right and promotes justice. It demands that the benefit of the doubt should be given to a person and that doubt should be considered favourable, "unless we have evident indications of another's wickedness, we ought to stick to a good opinion of him."(2a2ae.60.4.) When a person thinks ill of another person, he or she despises the person and does that person injury for no good reason, which is an act of injustice. The patients were judged because of their illness and felt slighted as a result. How they choose to respond was not with hatred but with the virtue of clemency and gentleness, an allied virtue of temperance.⁷² More technically, they responded with gentleness, which abates the feelings of anger towards anyone whereas clemency is about being lenient to an inferior.(2a2ae.157.1.) Both imply restraint over the passions, which places them under the cardinal virtue of temperance. The patients accepted that others will not always understand what it is like to have a chronic illness and will not always be understanding. Other people would only understand what it was like until it happened to them:

⁷² Aquinas lists clemency and gentleness as one virtue although he describes them as distinct virtues.

Put it this way, my brother's girlfriend is on –she broke her foot – and not being funny, she's on crutches and she says 'Oh my goodness' you know. And I've got them all the time now...
Patient C⁷³

The patients mentioned several times that they were envious of those with good health. Envy is a capital sin which is vice discussed coming under the theological virtue of charity. It is discontent or sorrow at another's good. It is difficult to determine whether the patients' envy is to be categorised as a vice because Aquinas lists four ways that envy comes about, and the one that most closely represents the circumstance of the patients is one which he says may not be a sin. He states that when we grieve over the good that another has and which we do not have, that this is rivalry, and it may or may not be a sin. If the rivalry is over virtuous goods it is to be praised, if it is over temporal goods, it is a sin.(2a2ae.36.2.) Being able to walk without pain and perform daily activities is a temporal good but is it difficult to classify the patients' statements as envy. The patients indicated a desire to be removed from an evil and did not indicate any ill will toward those in good health:

I'm quite envious of the people doing the kinds of things that I'd like to and can't.
Patient A⁷⁴

You envy people walking up and down the road.
Patient C⁷⁵

There is no spite or hatred of the other's good in these statements. Envy is a capital sin because it is grief over the good of the neighbour and incites a person to do certain things for the purpose of avoiding sorrow or satisfying sorrows demands. The patients were simply wishing an evil to be removed from their lives. In fact, they demonstrated the virtue of gratitude towards those in good health who

⁷³ Patient C, p.11.

⁷⁴ Patient A, p.5.

⁷⁵ Patient C, p.1.

showed them the virtues of piety and friendliness. There is a reciprocal relationship between gratitude and the virtues of piety and friendliness. Piety is directed towards family (and those with interests in running the country). It involves indebtedness and states that one's parents should be shown respect and deference because they are the source of one's life. Piety shows itself in duty and homage in honouring a debt towards someone.(2a2ae.101.1-3.) The patients spoke of gratitude towards the actions of their family:

The most important thing in my life in the moment: I think its got to be the kindness of my girls, the fact that they are so supportive is really very important to me. I hear a lot of stories of – I call them children, I mean my eldest daughter is fifty – and I feel that I'm so lucky because mine are such first class people: nice, helpful, funny, all the right things.
Patient D⁷⁶

I'm very, very lucky. I've got a lot of good friends, I've got a good, supportive family and so I've not seen things at their very, very worst and I realise they help me out a lot. Not everybody has got the people I do. And the trouble (*indistinct*) you find out who your friends are.
Patient B⁷⁷

Well I think we'll start with my two daughters. My youngest daughter is in (*location*). She'll phone up and say, 'Hello Mumbo, how are you?' I'll say 'Fine, thank you.' She'll say 'you've got that voice when you've got pain.' and I'll get all this lovely sympathy and support and not too much so that, you know, both of them are absolutely wonderful.
Patient D⁷⁸

The patients also mentioned the support of friends and neighbours as vital. The patients refer to the type of friendship which comes under the virtue of charity. The friendship Aquinas talks about in the social virtues of justice is more along the nature of amiableness and agreeableness which allows society to function in a harmonious way.(2a2ae.114.) The friendship referred to by the patients is one of love for a good friend. Closeness to a person affects our degree of love for that

⁷⁶ Patient D, p.9.

⁷⁷ Patient B, p.5.

⁷⁸ Patient D, p.3.

person. Aquinas quotes Augustine: “*Since you cannot do good to everybody, be mindful, first of those, who by reason of place, time, or any other circumstances, are by a kind of chance, so to speak, more closely united to you.*”(2a2ae.31.3.) Hence we should love blood relations more specially than other people, followed by close friends and those with whom we have special relationships. We should love some neighbours more than others because love is more intense for those who have shown us the most kindness:(2a2ae.26.6.) The patients were reacting to the virtue of kindness shown to them by friends and family. Kindness itself is a virtue listed under charity because it has friendship as its subject matter:

Kindness means doing good to another ... being an act of friendship, it follows that this kindness is an act of charity, for loving includes goodwill, which as we have said, means willing our friend’s good. But willing is such that, if power is present, it carries itself into effect. Hence kindness to our friends follows from our loving them.(2a2ae.31.1.)

I’ve very bad blood pressure at times, if I fall down I get the phone and ring my neighbour and she and her husband will come and pick me up and she’ll make me a cup of tea and things like that, so I’ve got good neighbours.
Patient E⁷⁹

... it may not sound very exciting, but they (*friends*) make the effort to do that, rather than not invite me ‘because I don’t like to walk.’ You see what I mean? ... they’re still bothered enough to think you might want taking out”
Patient B⁸⁰

I don’t need to join clubs. I’ve got so many neighbours all around me. And we’ve known each other so many years. I feel more comfortable in their houses than I would going off to some ruddy club.
Patient E⁸¹

As was mentioned at the beginning of this section, it was surprising to see how much the virtues of other people affect the happiness of the individual. While the ignorant attitude of some people towards the patients did cause some pain to

⁷⁹ Patient E, p.8.

⁸⁰ Patient B, p.6.

⁸¹ Patient E, p.11.

the patients, they spent much more energy extolling how they felt lucky to be part of such a good and supportive community. Those close to the patients reached out to them with love and piety. In return they were greeted with gratitude on the part of the patients. The effects of the illness served to highlight the social aspects of life, heightening appreciation for the importance of family and friends for human flourishing. On the whole, it appears that this basic good was positively impacted by the illness. This cannot be said for the following section on peace of conscience and harmony between one's thoughts and deeds.

Peace of Conscience: Harmony Between Thoughts and Deeds

This basic good suffered as a direct result of the basic good of human life and health being attacked. The patients expressed deep-seated worry about appearing to others to possess certain vices, such as ingratitude, lying and quarrelling. They did not believe that they possessed these vices, but the illness made them act in certain ways which they had no desire to do. When the patients accepted that there would be no quick cure for their condition, they started to change their lives to accommodate the condition, as was discussed in the section on human life and health. While it can be said that they willed to act in such a manner, it is along the same lines of will that mariners toss cargo overboard in order to avoid capsizing in a vicious storm. The patients maintained realism about their condition and pragmatism over the lack of ability of others to understand life with a chronic illness; however the worry remained with them about others viewing them negatively. Their thoughts and desires could not match their deeds because of the illness. They are friendly people and wanted to appear that way, but the osteoarthritis made certain demands of them which they could not ignore:

I used to go up to the university for graduation days, and you socialise after and there's the garden party – well, there's nowhere to sit, you're walking about. And I've tried going to these things but you sit apart and people – you look physically well – and people think you're being aloof probably.
Patient B⁸²

We'll walk round there and we'll go to a couple of shops, but you start to feel like a bit uncomfortable, sitting in somebody's car, and you start to feel inadequate and a burden, to that extent, and a wet blanket!
Patient B⁸³

The patients were sensitive of appearing to possess the vice of quarrelling, which is the opposite of friendliness. It is about being disagreeable to people and runs counter to what is necessary for good relations among humans.(2a2ae.116.1-2.) They felt that they couldn't express their true feelings about the seriousness of the condition and the level of pain because others believed that they exaggerated. It was as if the patients believed that people thought that they were suffering from the vice of boasting. Boasting opposes the truth and occurs when someone claims to be more of something than he/she is. It happens when someone speaks in a way which overdoes him/herself and exceeds the actual fact:(2a2ae.112.1.)

What's worried me most of all was that people thought I was not telling the truth. I felt people thought I was exaggerating and thought I was making a fuss ... The physio ... sat on the bed and she really read the riot act to me, you know, 'You must not do this and you must not do that.' And I was telling (*the family*) in plain words what she said to me and they thought I was exaggerating – even my own family did you know – I repeated her words and they don't believe it you see. They think I've exaggerated.
Patient A⁸⁴

(*at a charity meeting*) I must sit on one particular seat for my problem ... if I sit on a seat that's got a sharp edge or is not curved down a bit it's right there (*points to underside of leg*) and if I get there and I alter them round because I want a particular one, they don't really like that terribly, they think I'm being fussy on a particular seat, you see what I mean.
Patient A⁸⁵

⁸² Patient B, p.5.

⁸³ Patient B, p.1.

⁸⁴ Patient A, p.4.

⁸⁵ Ibid, p.6.

Ingratitude was a second vice that the patients worried over appearing to possess. This was particularly aimed at the medical community. There are three degrees of gratitude and ingratitude. Gratitude first admits a favour was done to one, secondly it praises it and expresses thanks, and thirdly, it repays it in the proper circumstances and according to one's means. Ingratitude fails to offer any thanks to the person who has done the favour, secondly, it lets pass unnoticed and thirdly, it may deny the favour outright by either forgetting it or in some other manner.(2a2ae.107.2.) The patients were worried about the third degree of ingratitude. They are generous in their praise of what the medical community had done for them and they would tell people of how well they had been treated. However, like many people who undergo medical treatment, especially the elderly, they were afraid to voice criticism or disagree with the advice of medical professionals:

I've got to say I would never have got this far if it hadn't been for the BRI ... And I don't think I would have had the will like I've got now had it not been for them. And I've always said that. I could never repay them back for what they have done to me. They've always been there for me, wonderful, I could never fault the BRI, never, they've been marvellous. I can't fault them. I know they've got their problems but I couldn't fault them.

Patient E⁸⁶

I know they say they'll do all they can for me here but ... I sound ungrateful I know because they've worked very hard on me to get me fit for this operation, but I really felt like throwing it all in yesterday.

Patient A⁸⁷

if you go to a professional for advice and you don't take it, you can't expect them to be pleased with you, you can hardly approach them again, so you have to take what a doctor says.

Patient B⁸⁸

⁸⁶ Patient E, p.12.

⁸⁷ Patient A, p.10.

⁸⁸ Patient B, p.12.

The basic good of peace of conscience suffered in the sense that the illness came between the patients' thoughts and deeds. There were internal tensions in the patients themselves concerning their desire to act one way and their limited physical capacity for acting in that manner. While they wanted to act in accord with their personality and values, the disease introduced new factors that had to be taken into account when they acted. Often they felt that their true personalities could not show and a false presentation of themselves was given to others. They began to worry over being associated with vices, as was demonstrated with quarrelling and ingratitude.

A point to consider, which the patients did not appear to do, is that perhaps the people were correct in their assessments that the patients were more quarrelsome and ungrateful. It is difficult to know. In an interview, especially a first meeting where one is being recorded, there is a tendency to paint oneself in the best possible light. Narratives are edited versions of reality. They are not impartial or objective. The interviewee makes a choice about what to reveal. A person will construct a narrative in an interview that reveals what is important to him/her. Often times, bad character traits are interpreted as positive or not mentioned at all.⁸⁹ While virtues are evident in the narratives, although unnamed by the patients, vices are absent. This could be overcome in future studies by having several interviews with the subject, thereby allowing the subject to feel safer in revealing some negative traits. It is difficult to state whether these patients possessed these vices. They give no real evidence of it but perhaps the disease did change their personalities or bring to the fore vices already existing. Perhaps their refusal to consider that they may have vices is itself a vice: the defect of humility, which is usually considered to mean

⁸⁹ Catherine Riessman, "Strategic Uses of Narrative in the Presentation of Self and Illness: A Research Note", *Social Science & Medicine*, v.30, 1990, p.1197.

pride. Humility acts “to temper and restrain the mind lest it press forward immoderately to high things.”(2a2a.161.1.) Its proper role is to aid the person in restraining him/herself from being swept away from reason and pursuing things that are above him/her. Therefore, it is knowledge of one’s own deficiency and helps moderate one’s appetite.(2a2ae.161.2.) Pride is most directly opposed to humility and occurs when a person reaches out to what is not proportionate to him/her. Humility:

observes the rule of right reason and ensures that a person has a true opinion of himself, whereas pride does not observe this rule, and thereby a person thinks himself more important than he really is. This springs from an inordinate desire for his own superiority, for what people want very much they easily believe to be their due, and consequently they fix on something higher than becomes them.(2a2ae.162.3.r3.)

As was stated in the above paragraph, the patients did not dwell on vices.

One can only infer that they do possess some, with the absence of discussion about them suggesting pride.

Unlike the basic goods of play and work and peace with neighbours and society which both experienced adverse affects as well as positive ones, this basic good appears to suffer only adverse affects. There is not much that the patients can do to relieve the tension occurring as long as the illness remains and inhibits them from acting as they wish. The misconceptions of those without the disease mean that the patients feel unable to talk frankly about life with the condition because they tend to be judged as being fussy, unfriendly, or exaggerators. So the patients must hide the illness and are unable to act as they wish. This means that they cannot exercise virtues because virtues deal with action: they can only avoid vices. While avoidance can be seen as a form of action, it is more in line with inaction, and in this context the patients could only resort to inaction, or avoiding vices. To avoid being unjustly labelled they chose to keep silent on certain issues. This

inability to act how they wish, to line up thoughts and desires with deeds, leads to another basic good suffering adverse affects.

Self-Integration or Inner Peace

Although it may sound strange, self-integration was not as much damaged by the actions of the patients themselves, but rather the vicious actions of others. The virtues that came out in the interviews in regard to this basic good had to do with social justice. Self-integration was damaged through the attitudes of others, causing the patients to question their self-worth. Maintaining self-identity became difficult because of the lack of understanding of others. Having others acknowledge that one is ill and understanding the effects of that illness play an important role in how a person copes with the illness. In a study done on patients with lower back pain, it was found that patients shared an inability to explain the persistent pain and to recreate a contemporary self-regard. They were unable to establish a sense of legitimacy with their chronic pain and in uncertain situations they felt a need to appear ill in order to accommodate the expectations of others. They treated their pain as a stigma and withdrew from social interaction. They suffered from feelings of confusion, fear over their future and felt shameful.⁹⁰ The patients in this study suffered from similar effects. Through a lack of understanding of friends, the impatience of others, through being asked out socially less often, and through being made to feel to blame for limitations, the patients started to have negative self-images and to isolate themselves:

If a person's nice, or affable or is friendly, it enhances your feeling of self-worth. Whereas if they let the door swing in your face, you think – It makes you feel like something the dog drags in, it gives you a feeling of inadequacy, it enhances your inadequacy. But if somebody is friendly and polite, a

⁹⁰ Mike Osburn, John Smith, "The Personal Experience of Chronic Benign Lower Back Pain: An Interpretative Phenomenological Analysis", *British Journal of Health Psychology*, v.3, 1998, p.65.

friendly face, rather than being belligerent: 'why are you in my way' sort of thing...

Patient B⁹¹

You do get people who say 'We went to so and so the other day, but we didn't ask you because we know that you don't like to walk.' They don't say 'can't walk' but 'don't like to walk'. As if you've made the choice. You see what I mean? ... And the consequence is, I think: 'Oh, I'll remember you said that' (*indistinct*) Or they fall away. And that's what I mean when I say you'll know who your friends are.

Patient B⁹²

The patients did not do much, in terms of utilising the virtues, to counter these judgements by others. Judgement had been passed on them unjustly and this had adverse affects on them. The vices of others, such as detraction or whispering, could only be countered with patience and perseverance. Patience and perseverance only allow one to endure a situation until a good outcome is achieved. They do not really bring one happiness but are only conditions that can possibly lead to a future happiness. The patients appeared somewhat passive, and the only sign of countering the negative judgements of others was to remove themselves from situations where they felt judged and had their feelings hurt:

It's not that you don't want to but that you can't. It affects you psychologically. Self-worth again. And being wanted. Because you start to get the message that it's for your self-preservation, that you're not meant to, and you think 'Well I won't be put in that situation again, I'll say I won't go.

Patient B⁹³

This in turn isolates them and damages the basic good of peace with neighbours and society. As was mentioned in the analysis of that basic good, the patients did harbour feelings of alienation from segments of society. However, they also had a renewed appreciation for the efforts made by family and friends to assist

⁹¹ Patient B, p.4.

⁹² Ibid, pp.6-7.

⁹³ Patient B, p.6.

them in their illness, although they still felt judged by these people, who tended to doubt the veracity of the patients' statements concerning the effects of the illness, as the statement by Patient A whose family doubted the patient's account of the limitations placed on her activities by the physio-therapist. However, there is no upside to the damage done to self-integration or inner peace. It simply functions to demonstrate the need for a just society composed of virtuous people in order to allow the individual to flourish.

Peace with God or some More-Than-Human Source

There is simply not enough information available in the interviews to form an in-depth analysis on how this basic good was affected by the illness. The patients are not explicit in their beliefs in or relationships with God in the open-ended interview technique that allowed them to introduce topics important to themselves. They mentioned God in reference to their suffering and asking for relief from it. But they do not discuss their explicit religious beliefs. In fact, some of them state that they are not particularly religious, but then will go on to describe theological beliefs. However, religion did play a role in their lives. Absent were the explicit religious doctrines but present was the virtue of gratitude for abstract goods such as health and the past pleasures associated with human existence:

I was writing to someone the other day and ... I said 'I'm so lucky because I've got so many good memories and literally, I could take that and I can walk with my eyes closed, walk places in the Alps or wherever and thoroughly enjoy it again.

Patient D⁹⁴

I'm not religious by any means but I do think that you have to respect the fact that you are here and that somebody has got you here ... I mean, look at the birth of a baby for one thing. It's the most marvellous thing anybody can think of really, isn't it? And when you think that it starts off so tiny you can't see it and it ends up as a human being, its fantastic... I do think religion

⁹⁴ Patient D, p.5.

comes into it, a bit anyway, if not entirely ... I think there must be a power of some description that holds us together somehow, unless you're going to fall the other way and think we're just animals ... It's amazing. There are all sorts of weird things that go on in life that fascinate me to death actually.
Patient A⁹⁵

It is difficult to state whether the patients demonstrate any of the virtues of religion and worship, which are allied virtues of justice. Religion implies an explicit relationship with God: we are bound "to God as to our unfailing principle, we must unceasingly choose him as our last end." (2a2ae.81.1.) The object of the activity of the virtue of religion is to reverence God, under the aspect of the first principle of creation and government. (2a2ae.81.2.) While God is recognised under the aspect of being the principle of creation, it is a rather weak and vague acknowledgement. The virtue of devotion serves as a good example of the difficulties in applying the virtues of religion to the patients. "Devotion ... is nothing other than the will to give oneself promptly to those things that pertain to the service of God." (2a2ae.82.1.) A person can give service to God in two ways. First, by considering God's kindness and goodness, which some of the patients do, but Aquinas adds that it should then awaken in the person a love that wants to cling to God, which the patients do not express. The patients do reflect on creation and the joys of human life, but do not then explicitly mention a relationship with God. The second way occurs when a person reflects on his or her weakness, and realises that he or she cannot trust in his or her own strength but must trust in God's strength. (2a2ae.82.3.) The patients did not express this sentiment. It appears that one of the weaknesses of applying Thomistic virtue ethics to modern society is that Aquinas was writing for a society with relatively monolithic views on religion and in whose culture religion played an important role. The religious beliefs of people

⁹⁵ Patient A, p.13.

today is more pluralistic and less in line with traditional views of structured religion. In this instance, the basic goods theory of GBF offers an advantage as it allows for people without specific religious beliefs to express a belief either in some impersonal principle that governs the world or for unarticulated theological beliefs. To benefit from this basic good, not every person will have to know catechism, scripture or sacred laws by heart. The basic good theory appears to be flexible enough to accommodate vaguely defined religious beliefs. Indeed, harmony is possible not only through explicit interpersonal relationships with a deity but also through allegiance to or appreciation of impersonal principles that govern the world. A committed Marxist could find harmony occurring from his or her belief in the ideology and how that belief integrates his/her actions and gives some meaning to his/her life. In their expressions of what they enjoyed about life, the patients did show appreciation of the created world and demonstrated an expression of thanksgiving. They appeared almost shy about stating anything explicit about any dogma they might hold to, but they did show an awareness of a created universe in which some supreme creator existed, and they were grateful for the opportunity to have partaken in creation.

SUMMARY OF THE FINDINGS

I have tried in this chapter to argue that Thomistic virtue theory is relevant to the lives of patients with osteoarthritis. This should not come as a surprise because his virtue theory was designed to embrace the whole of life, both in times of health and of illness. Because the virtues deal explicitly with happiness, the virtues cover each area of life in order to maximise human flourishing. In the study, it was seen that when people suffer from osteoarthritis, certain areas of their life are adversely affected. Determining which areas suffered was achieved through

analysing the patients' narratives in the pilot study to understand which basic goods were affected. It appeared self-evident that some goods were affected by the osteoarthritis, i.e., the basic good of human life and health. However, it seems that other disruptions occurred in certain areas of life, e.g., peace with neighbours and society. The patients spoke at length about how they felt unjustly treated by people that they did not know and how well treated they were by those close to them. This summary section will outline how the patients demonstrated virtuous actions which acted to instantiate the basic goods damaged through being chronically ill. It will also suggest if any further virtues could be of benefit in pursuing the basic goods which lead to flourishing.

When one looked at which basic goods were negatively impacted and why that was so, one could see how the virtues operated to compensate to make good the loss and attempt to orient the person towards happiness. As was said earlier, the patients did not use virtue language, but when the virtues are applied to their actions, one can make a claim at perceiving some pattern of virtuous activity. A brief summary of how the virtues were applied would be: first, courage is needed to deal with the threat of illness; then prudence tries to assess the new situation in order to come to terms with what is needed to effectively deal with the situation; followed by temperance in order to implement the mandates of prudence; followed by justice, mainly the social virtues, in order to meet the new demands placed on relationships caused by the illness.

When health was damaged, courage was needed in order to face the threat. After this, the patients entered a phase of trying to learn about the disease and the best manner to go about living with it. This was the virtue of prudence, more precisely the allied virtue of sound judgement. In effect, the patients were evaluating their new situation in life and trying to determine how to achieve the

results that they desired, namely, to let the illness interfere with their pursuit of the other basic goods as little as possible. In order to achieve the minimising of the adverse effects of the illness, the patients realised that their prudent reflections were leading them to the virtue of temperance. Humility in accepting their new, lower level of health, sobriety, abstinence, fasting, gluttony were the virtues and vices of importance if they wanted to attain a maximum level of health. Throughout this whole endeavour, courage's allied virtues of patient and perseverance were needed to orient the patience towards keeping to the 'programme' established by temperance.

As for suggesting what virtues could be added to help support this basic good, I think that the virtue of continence can be added. Continence is about resisting passions that lead us away from reason. It is about self-restraint in accord with right reason, a holding back which restrains the person from getting carried away by passion.(2a2ae.155.1.) In a sense, the painful chronic illness itself is the best motivator for acting with continence concerning one's health. The patients know that there is a price to be paid when they act in ways which will aggravate the illness, so for the most part they obey what their reason tells them to in regard to maintaining health. The patients mention that they occasionally over-exert themselves, and this appears to be something like the vice of incontinence. There are worse vices to possess than incontinence because only a temperate person can be incontinent. Incontinence is about a mistake in one field of action whereas an intemperate person is mistaken in his/her whole approach to life.(2.2ae.156.2.) The patients know their limits and for whatever reason, be it dancing at a wedding or taking too long a walk, they will ignore them on selected occasions, willing to put up with the pain the next day.

The reordering of a lifestyle was not only limited to physical actions but also mental activities. The basic good of play and work led to a new stress on the intellectual virtues. Gone was the ability to pursue many of the activities of play and work that demand physical exertion. While the virtue of play or good manners suffered in this manner, the intellectual virtues found a new prominence because of the illness. Activities which utilised one's ability to think critically, exercise the imagination, or learn new facts, such as reading, doing puzzles, reflecting over the nature of human existence became an important part of life. So when the basic good of play and work was damaged by limiting the ability of the patients to perform physical activities, thereby damaging the virtue of play, the basic good found expression through the intellectual virtues 'picking up the slack' and making compensation.

As for suggesting virtues for further improving this basic good, it does appear to be a good opportunity to note what Aquinas said on the superiority of the contemplative life as compared to the active life, which was discussed in the section "Playful activities and skilful work" earlier in the chapter. I am not suggesting that those with osteoarthritis become academic ascetics: I want to examine the advantages contemplative pursuits bring to the person. The prime distinction of human beings is that they possess reason and the good use of this will bring rich satisfaction. The patients already moved toward more intellectual activities; however, it could be a benefit to further stress to them the rewards which come from pursuing the speculative intellectual virtues of understanding, intellect and wisdom.

Like play and work, the basic good of peace with neighbours and society experienced both damage and enhancement. The patients expressed feelings of alienation from certain segments of society. People could often act toward them

with the vice of defamation and the unjust act of passing judgement. Defamation is concerned with taking away someone's character in some way, and the patients felt belittled and humiliated by the intolerance of their illness by some of the public. The patients also were aware that people unjustly passed judgement on them in regard to disbelieving their own interpretations of life with the illness. To these injustices the patients reacted with the virtue of clemency and gentleness by acknowledging that people without the disease are ignorant of what life is like with chronic illness. They distinctly perceived a defect in the virtue of friendliness in those who reacted with impatience towards them. While their relationship with the segments of society who did not personally know the patients deteriorated in this aspect, the meaningful relationships with those close to them grew. The love expressed by family and friends, the type of love with which charity is concerned, and their willingness to aid the patients in various aspects of life, represented by piety, was returned by the virtue of gratitude. It remains unclear whether the patients when discussing envy possessed it as a vice or if it was simply a means of expressing their sorrow at the presence of evil in their lives while wishing no harm to anyone else.

Because this basic good appeared to actually benefit in the area of promoting good relationships with those close to them, it is the negative impact on this basic good on which I will focus my suggestions. This is difficult because it deals with the actions of others, and the only thing that the patient can control is her response to these actions. Perhaps the only virtue that can be stressed is charity, in that it stresses that one is to love people who sin against you because they share the same God-given nature and have the same capacity for happiness. (2a2ae.25.6.) However, the sin itself is not to be loved and this still leaves the problem of how to react to the vicious actions of others. In his writings on charity, Aquinas states that

fraternal correction is a spiritual almsdeed and so a work of charity. The sin of the other is harmful in two ways – it hurts the sinner him/herself and hurts others, so fraternal correction benefits both the sinner and others.(2a2ae.33.1.) Fraternal correction is perhaps an old-fashioned word which in present times could be captured in this context by the idea of standing up for oneself and one's rights in the face of injustice.

Peace of conscience, or harmony between thoughts and deeds, was the first of two basic goods that could only be thought of as damaged as a result of the osteoarthritis. The illness limited the patients' ability to express through actions their interior thoughts. Although it had to do with one's own conscience, it was mainly affected by the actions of others, hence it revolved around the virtues concerned with social justice. The patients worried that because they needed to be seated most of the time at parties, or asked for a specific chair, or that when asked how they felt that they told the truth, that then they would appear to others to possess the vices of ingratitude, lying, quarrelling and boasting. While the vices have not really entered this dissertation much, it was suggested that perhaps their refusal to consider that they did possess these traits could be perceived as a lack of humility, implying pride.

The further exploration that pride may be present is about the only suggestion that can be made in regard to category. Because much of the damage was done by the actions of others, there is not much the patients can do to avoid adverse affects. One could suggest again Aquinas's fraternal correction and that the patients counter any wrong assertions or vicious actions by others.(2a2ae.33.) However this could only be done after the corrector examines the assertions to ascertain whether they are true, and only then correct the person. This implies that the person has the virtue of humility, which was raised in doubt concerning this

basic good. Otherwise, other people could correctly see the patients as quarrelsome.

Self-integration, or inner peace, was the fifth basic good to be affected. Like peace of conscience, this was a good that was only negatively affected. Like peace of conscience, it had mainly to do with social justice virtues, or rather vices. The attitudes of others negatively affected the patients' feelings of self-worth. They were asked out socially less often, accused of exaggerating the severity of their condition and treated with impatience. The acts of unjustly passing judgement and possessing a defect in friendliness could only be countered with patient and perseverance, which allow one only to endure a situation, not to thrive. The advice given for the previous two basic goods can be argued here. Fraternal correction is an appropriate antidote when the patients are being unjustly accused of possessing certain vices. Reasoned discussion with others could prompt the others to change their attitudes and so aid in avoiding damage done to self-integration.

The final basic good that appears in the transcripts is that of God, or more accurately, a relationship with some more-than-human source. The patients did not choose to discuss in any depth their religious beliefs, making it difficult to understand their thoughts and feelings on the topic. What can be said with some certainty is that the patients, when confronted by the illness, became more appreciative of the positive aspects of human existence. The good of human health, the joy of loving relationships, and the splendour of creation were all brought into a sharper focus.

This is possibly one of the most important basic goods for allowing one to achieve happiness. It was found that the patients' description of their theological beliefs was vague and analysis of it was better suited to GBF's basic good theory

than Aquinas's virtue theory. Rather than being a set of theoretical beliefs about reality, religion has the ability to order the whole of reality. Harmony:

with the divine, the ultimate source of reality and meaning, has the capacity to provide a conceptual and motivational framework for organizing one's personal life and relationships with people.⁹⁶

Religion embraces the life of a morally good person and unifies it in a way that other goods do not. The benefit of using the basic goods theory is that it allows for a broader definition of religion, in that it understands it to include a relationship with a more-than-human source and to live in harmony with a set of impersonal principles. The patients only alluded to their beliefs as some organising presence behind creation. If these beliefs about the nature of creation and the role of human beings were developed in the patients, then they might be able to organise their patterns of behaviour around such deep-seated and important beliefs, and hopefully giving them a sense of peace with creation.

CONCLUSION

This chapter has argued that the virtues are relevant to the lives of patients with osteoarthritis. It does not try to extend that claim beyond the specific boundaries of the pilot study. As was mentioned in the section on the generalisability of the study, any further claims of applying the virtues to chronic illness itself could only legitimately evolve from the accumulation of data from similar studies on different chronic illnesses. While the patients did not verbalise the virtues explicitly, analysis demonstrates that they demonstrated virtuous action, a testament perhaps of the insight into human nature and the functioning of human beings possessed by virtue theory. The basic goods theory provided a framework

⁹⁶ Boyle, "The Place of Religion in the Practical Reasoning of Individuals and Groups", p.6.

from which to understand how the illness affected the patients' pursuit of happiness. When it was determined how goods were affected, one could look to see which specific virtues the patients employed or should employ to aid in attaining that basic good. It then became apparent that a pattern of behaviour which utilises the virtues was evident when a person is diagnosed as having osteoarthritis and that all categories of virtue are applicable to this pattern: charity and fraternal correction from the theological virtues; the speculative and practical intellectual virtues; and some two dozen virtues from the cardinal virtues. This study is only the first in what hopefully will become a more pursued avenue of research in medical ethics. While I have argued that there is some substance for supporting the claim that the virtues are relevant to at least one patient population with a chronic illness, any claim seeking to extend its reach outside of this patient population will need corroboration from future studies. Further qualitative studies may find that the virtues are not relevant as other ethical theories to patient populations, meta-ethical review may claim that the methodology needed in order to prove the link between virtue and chronic illness is not viable, or medical ethical criticism may argue that in western society's pluralism and individualism, it is impossible to argue for virtue theory in any significant sense. However, that is one possibility. A second possibility is that if this area study develops, enough studies may emerge that allow one to claim that patients with chronic illness as a group, or subgroups, tend to act with certain virtues and vices toward chronic illness. In the end, it may turn out that this theory offers the patients perhaps their best prescription for living a happy life with osteoarthritis.

CHAPTER SIX

THE CONCLUSION

INTRODUCTION

In his book, *An Anthropologist on Mars*, Oliver Sacks writes:

Sickness implies a contraction of life, but such contractions do not have to occur. Nearly all of my patients, so it seems to me, whatever their problems, reach out to life – and not only despite their conditions, but often because of them, and even with their aid.¹

Sacks is struck by how the human body has the “capacity for the most striking adaptations” and he is inclined to:

wonder whether it may not be necessary to redefine the very concepts of ‘health’ and ‘disease’; to see these in terms of the ability of the organism to create a new organization and order, one that fits its special, altered disposition and needs, rather than in terms of a rigidly defined ‘norm’.²

The temptation when first thinking about chronic illness is to see it as a devastating blow from which the person will never be able to attain happiness because the illness has so radically removed them from the ‘norm’ of healthy existence. Re-reading my initial outlines and proposals in the first year of my studies, I believed at the time that most people with chronic illness would be bed-ridden, watching through the window as others went about their lives, merely counting the hours until they could reach over to the bedside table to take their next pill and a sip of water before lying back on the bed to resume the suffering which consumed their lives. However, this is not the case. As Sacks points out, the patients tend to reach out to life and continue seeking out activities which will bring some fulfilment to their lives. The fact that over fifty per-cent of patients with disabilities report having a good to high quality of life indicates that sickness does not necessarily have to mean a contraction of life. I think that this percentage gives support to the theory of virtue ethics: people are so oriented towards happiness and

¹ Oliver Sacks, *An Anthropologist on Mars*, (London: Picador, 1995), p.xvi.

² Ibid, pp.xv-xvi.

are such remarkable creatures at adapting to this goal that great obstacles are overcome to achieve it.

After reviewing the dissertation, I believe that people achieve this through having an understanding of the basic goods, and acting virtuously allows them to achieve these goods. When illness is present and basic goods are damaged, people adapt in order to be able to achieve these goods in new ways. This means emphasising certain virtues so as to be able to compensate for losses in basic goods. Intellectual virtues, first of all, receive more cultivation as the physical activities of play and relaxation become more constricted. The social virtues under justice grow in significance as the patients discover that importance of the basic good of peace among family, neighbours and society. The importance of the allied social virtues of justice was one of the surprises emerging from the study. It was an unexpected discovery to find how necessary it is in order for an individual to flourish that others possess the virtues. While this statement appears obvious, it is in danger of being forgotten in our modern individualistic culture.

I arrived at these conclusions through demonstrating the need for a patient-centred virtue ethics in medical ethics, suggesting that the few articles which exist on patient-centred virtue ethics are dualistic in the sense that they are only concerned with what virtues are necessary to make a good patient. These articles ignored that fact that people must integrate being a patient into the other roles which constitute their lives. I argued that the virtue theory of Aquinas offers a virtue ethics that is geared toward embracing almost all aspects of a person's life. One could still have a chronic illness yet live out the virtues about which Aquinas writes, thereby avoiding the dualism of patient virtues/healthy person virtues inherent in contemporary articles.

However, this is not to imply that all people are capable of happiness. I do note that Aquinas probably believed that there are some people who are born with serious social, mental or physical burdens which preclude any possibility of meaningful happiness. I say 'probably' because Aquinas never directly wrote on this subject and there exists no secondary literature on this subject. I surmise that Aquinas most likely had in mind that when physical pain became too much, then happiness was precluded because the pain dominates one's consciousness and limits one's ability to pursue rationally other avenues which lead to human flourishing.

I also argued that Aquinas based his virtue theory in the natural law, and that acts which promote the natural law are virtues and those which attack the natural law are vices. This was important to my argument because it gave a basis from which to understand how osteoarthritis affected the lives of the patients. After reviewing Aquinas on natural law and the secondary literature and finding that it lacked specificity, I chose to pursue another natural law theory, one deeply indebted to Aquinas. The basic goods theory, with its seven basic goods, provided the specificity needed to offer a framework for understanding the themes arising from the narratives of the osteoarthritic patients.

Once the patient transcripts had been analysed as to how the basic goods were affected by osteoarthritis, they were also examined for the presence of virtues operating in the patients' lives. Links could be seen between specific basic goods being affected, both negatively and positively, and the use of virtues to either limit the damage done to the basic good or to further promote its attainment. The patients had no explicit recognition of this which could fit easily into the language of meta-ethical discourse. However, I believe that this simply reinforces the validity of the claim that natural law and the virtues are inherent in the way which human beings operate in the world as they attempt to achieve happiness.

FALSIFICATION

When summing up the dissertation, it is appropriate to examine the question of falsification. Falsification, used pre-eminently in the sciences, is a method of discriminating between useful and useless hypotheses. A hypothesis is useful to the extent that it is falsifiable. If no observation can falsify a hypothesis, then it adds nothing to our knowledge. One can easily create experiments to falsify the statement “Patients with osteoarthritis have higher levels of pain than patients with rheumatoid arthritis.” One cannot create experiments to falsify the statement “Patients with osteoarthritis either have higher, lower or the same levels of pain as patients with rheumatoid arthritis.” The sentence is true by definition, has no need of empirical observation and is not a scientific hypothesis.³ Avoiding untestable hypotheses allows science to progress because there is no possibility of refuting and replacing them with a more accurate theory. The process of conjecture and refutation, of trial and error, characteristic of scientific progress, is allowed to advance through the use of falsification theory.⁴ Having said that, it must be stated that I used qualitative studies in the dissertation, and qualitative studies are hypothesis-generating rather than hypothesis-testing. The study was a ‘bottom up’ analysis of how patients feel they live well through osteoarthritis. The analysis is based on what the patients state rather than on what the researcher or analyst decides is a virtue or vice. In other words, it was not a ‘top down’ study that has a theory in mind and forces the statements of the patients to fit into that theory.

I have discussed the comprehensiveness of Aquinas’s theory in the introductory section of the Aquinas chapter. The virtues were meant to embrace all areas of human action, therefore, a concern in virtue theory is not to ‘read’ virtues

³ Nigel Warburton, *Philosophy: The Basics*, 2nd ed., (London: Routledge, 1995), p.119.

⁴ Ibid., pp.119-120.

into every action performed by a human. This is why Aquinas distinguishes between dispositions, habits and finally virtues. Virtues are patterns of behaviour which are consistent throughout a person's life and which are intended to lead to flourishing. Phoning a neighbour to ask for a recipe is not necessarily a sign of the virtues of social justice or temperance at work. It may simply indicate that the person has mislaid a recipe. However, it may be that person is motivated by having the opportunity to chat with a friend or move toward a more healthy diet. In this sense, the theory is not falsifiable because one can always say that a certain action demonstrates the presence of a virtue. One can look at any action and state that it is an example of a virtue. However, if care is taken to look for patterns of behaviour, rather than isolated examples, then one is more certain in stating that a virtue is present in a person's character. This is what I have tried to do in the analysis of the narratives in order to avoid a 'straw man' type of argument.

Another concern regarding falsification is that this type of study has never been done before, so one can justly ask about the criteria for judging its competence and reliability. Comparing types of virtue theory in the abstract is one thing but applying the virtues to a patient's narrative is another. Difficulties of 'who is to say if this is actually a virtue we see' are inherent in the project. The ideal situation would have been to study a group of Thomistic scholars with osteoarthritis, but the situation just did not present itself. One is left with recruiting members of a public not familiar with the language of virtues and having to infer virtues from their narrative. However, through providing relevant quotes on specific virtues from Aquinas in order to support claims that such virtues are present in the lives of the patients', and by holding only to accepting clear patterns of behaviour in the lives of the patient, one can demonstrate the link between the patient's narrative and

Thomistic virtues and thereby provide some degree of surety in regard to the question of falsification.

POINTS FOR FURTHER REFLECTION

Having argued that the virtues are relevant to the lives of people with chronic illness, the question is now what to do with that knowledge. This is only a first attempt at the topic, and any conclusions must be restricted in their claims. While I believe that my conclusions are justified, they are only justified in the context of this one pilot study, and I would be unwilling to broaden those claims to other chronic illnesses. Certain methodological refinements will occur as more research into the subject takes place. The one main change which will occur is a shift from the 'in-depth' method of interview, described in the methodology section of the Introductory chapter. A move to a semi-structured interview style is needed, one which asks more directive, specific questions of the patients. One thing which became apparent in the interviews is that people are more comfortable with understatement when describing positive characteristics, lest they be seen as 'tooting one's own horn'. Also, some people are not prone to self-reflection and need to be gently lead into discussing their experience of illness.

It will be interesting to see whether the general pattern I describe of how the patients employ the virtues - courage, followed by prudence, temperance and justice - will hold up when the other studies from the EC project report back. Differences of culture, sex and disease will probably alter some of the allied virtues but I think the general pattern will stay the same on the basis that people will react in similar ways to the basic good of human life and health being attacked. Most people will want to secure this basic good and to do so they need courage to face the threat, prudence in order to understand how to live with the illness, temperance in order to

live with the illness, and justice in order to cope with the social changes that the illness may bring.

One wonders whether patterns of vicious behaviour will emerge if the patients are given two or three interviews by the same person and feel more comfortable discussing these topics. As I mentioned in the previous chapter, when discussing the point that the patients did not appear to reflect that they did perhaps possess some of the vices they believed that others attributed to them, narratives are edited versions of reality and are neither impartial nor objective. The interviewee decides what to reveal. In an interview, a person constructs a narrative which functions to reveal what is important to him/her, i.e., one's adequacy as parent, spouse, employee.⁵ What the interviewee chooses to reveal to a stranger is up to him/her. There is a difference between 'public talk' and 'private talk'.⁶ 'Public talk' takes into consideration the moral order and dominant ideology of society, and is basically the 'ought' type of expression acceptable to that society. One 'ought' to be thankful for any medical treatment or for still possessing life. If patients appear happy, this is sometimes because they are trying to conform to the expectation of them as patients to suffer silently and maintain a happy demeanour in the face of adversity. 'Private talk' considers the darker side of things and occurs between confidantes. One wonders if more vices would be evident in the patients' narratives as they grew more comfortable with the interviewer over several interviews. This would result in a more thorough understanding of how the illness affects the life of the patient.

⁵ Riessman, "Strategic Uses of Narrative in the Presentation of Self and Illness: A Research Note", p.1197.

⁶ Patrick West, "The Status and Validity of Accounts Obtained at Interview: A Contrast between Two Studies of Families with a Disabled Child", *Social Science & Medicine*, v.30, 1990, p.1229.

The question of employing the basic goods as the method of determining how the illness impacts the patient's life could subject renewed discussion. It may be possible or easier to examine the interviews of the patients and analyse the transcripts only in reference to the virtues. The basic goods operate so as to give a more thorough understanding of how the illness affects the lives of the patients. Because the natural law is the foundation of the virtues, the basic goods theory gives some context for understanding why certain virtuous activity is witnessed and why

An area for further reflection is what to do with the results. Having argued that patients do employ the virtues, albeit without conscious knowledge of doing so, and that certain other virtues should be introduced so as to aid the patients even more, how does one impart this knowledge to them? While it would be nice to hand out the second part of the *Summa* to each patient and have them study it for eight months, there may be more practical ways. This may turn out to be more the province of the faculty of education or the departments of psychology and psychiatry which are oriented toward teaching people new ways of employing knowledge or changing lifestyle patterns than it is of the faculty of arts or medicine.

The remark about giving the patients copies of the *Summa* is not to be taken too lightly. It does capture something of the importance that religion can have on the happiness of a person's life. I think that the results concerning the presence of religion and spirituality in the lives' of the pilot study patients were disappointing, and that little can be meaningfully said about it in examining the results of the study. However, given the move to a more semi-structured interview style, I think that this result will change in future studies. As was mentioned in the 'Coping Strategies' section of chapter five, social science studies are discovering that religion is found to have beneficial effects concerning one's health and happiness. Now that one attempt has been made to understand how to evaluate the virtues working in a

person's life, I think it would be important, from a Thomistic point of view, to undertake a study to observe more closely the role of religion in the lives of patients. A study examining how religion informs the virtues of patients with spiritual beliefs as compared to how the virtues operate in the lives of patients with no spiritual beliefs would allow one to better understand how Aquinas's virtues are shaped by the theological virtues and if it adds to the well-being of the patients.

CONCLUSION

A worry I had at the beginning of my research was that the sufferer of a chronic illness would be thought of, by him/herself and others, in terms of the disease and not the person. The disease would constitute a large part of the person's conception of him/herself. It would no longer be a case of "Jane Doe" but "Jane Doe, the osteoarthritic sufferer". The disease and the person would become synonymous. "Jane" would cease to exist and be subsumed by "Jane the ill". The fact that this is not the case is a tribute to a human nature which continually seeks out paths which lead to flourishing and fulfilment, despite any obstacle placed in its path. I have argued that the virtues are forms or expressions of human nature and orient the person in the ways of acting that lead through obstacles in pursuit of fulfilling human nature. The points for further consideration mentioned above do not detract from the fact that the virtues are present in the lives of these patients. It is a testament to the theory that these people, over two thousand years since Aristotle formalised it in writing and some eight hundred years since Aquinas expanded it, demonstrate virtuous activity in an attempt to bring happiness to their lives.

APPENDIX A - CHARTS CORRELATING BASIC GOODS TO VIRTUES

Themes Arising from the Pilot Study Interviews

- 1) Having realistic perceptions about chronic illness:
 - having a realistic picture of one's particular medical condition and its treatment,
 - listening to the body,
 - having a balanced perspective on life with the condition,
 - being pragmatic about other's understanding of the condition.
 - 2) Gratitude:
 - towards others,
 - appreciation of more general concepts, i.e., previous good health, mildness of condition.
 - 3) Having strength to cope.
 - 4) Maintaining self-identity against threat.
 - 5) Insight into that which maintains quality of life.
-

Overarching Pattern of Use of Virtues

- Courage - to face the illness.
- Prudence – to find out how to live with the illness.
- Temperance – makes use of findings of prudence and adjusts to new demands on lifestyle.
- Justice – reordering and re-evaluation of relationships with family, friends and society. Also that others possess the social virtues of justice affected the patients' happiness.

Basic Good of Human Life and Health

Core Basic Good whose damage leads to the further harming of other basic goods:
Loss of playful activities and meaningful work
Self-integration and inner peace
Peace of conscience
Peace with neighbours and society

Patients perceive this good to be lacking and in order to preserve or promote it, the following cardinal virtues and their allied virtues appeared to be utilised:

- | | | |
|-------------------|----------------------|----------------------|
| 1- <u>Courage</u> | 2- <u>Prudence</u> | 3- <u>Temperance</u> |
| Patience | Sound Judgement | Humility |
| Perseverance | (taking counsel, | Abstinence |
| Magnanimity | forming a judgement, | Fasting |
| | commanding action) | Gluttony |
| | | Sobriety |
| | | Incontinence |

Playful activities and skilful work

Damaged basic good through reducing activity in valued pastimes, mainly physical.
Promoted basic good in leading to a renewed appreciation of intellectual virtues.

*Virtues Affected By
Damage to the Basic Good*
Good Manners (Play)
Speculative Intellectual Virtue
of Intellect

*Virtues Affected by Promotion
of the Basic Good*
Speculative Intellectual Virtues of
Understanding,
Intellect
Wisdom

Practical Intellectual Virtues of
Craft
Prudence

Self-integration and inner peace

Questioned self worth because the attitudes of others caused them to question if they were responsible for their limitations. Believed others saw them as exaggerators, inconveniences, fussy.

<u>Courage</u>	<u>Justice on the part of others</u>
Patience	Detraction
Perseverance	Whispering
	Defamation



Peace of conscience and harmony between one’s thoughts and deeds

The illness forced them to act in ways they would not act if they did not have osteoarthritis. (i.e., not mingling at parties, needing special requirements and assistance)
Believed that many of their actions were not core traits of their personality.

<u>Social Virtues of Justice</u>	<u>Theological Virtues</u>
Ingratitude	Pride
Lying	
Quarrelling	
Boasting	

Peace with neighbours and society

People who doubted their accounts of their illness or who showed impatience with them or socially neglected them damaged this basic good. The basic good was also promoted through being grateful for their important relationships with family and friends. Renewed appreciation for important of meaningful social relationships in order to flourish.

<u>Social Virtues of Justice</u>	<u>Temperance</u>	<u>Justice on Part of Others</u>
Gratitude	Clemency & Gentleness	Piety Defamation Passing Judgement Friendliness

Theological Virtues
Charity
Envy
Kindness

Religion or some-more-than-human source

Gratitude toward abstract qualities of human existence, such as good health, previous pleasant experiences like meaning relationships, beauty of nature.

Justice
Gratitude

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